## Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Document Page 1 of 61

| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | ☐ Chapter 7                   |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ■ Chapter 13                  | Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1:   | Identify Yourself   |  |   |
|----|---|---|--|---|
|    |   |   | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 1. | You   | r full name   |  |   |
|    | your<br>pictu<br>exar<br>licer<br>Brin-<br>iden | e the name that is on a government-issued ure identification (for nple, your driver's use or passport).  g your picture tification to your ting with the trustee. | Monique First name  R Middle name  Bazell Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |
| 2. | use<br>Inclu                                    | other names you have<br>d in the last 8 years<br>ude your married or<br>den names.  |  |   |
| 3. | you<br>num<br>Indi                              | y the last 4 digits of<br>r Social Security<br>aber or federal<br>vidual Taxpayer<br>tification number  | xxx-xx-2618  |   |

Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Document Page 2 of 61 Case number (if known)

Debtor 1 Monique R Bazell

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |
|----|--|---|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs.  Business name(s)  | ☐ I have not used any business name or EINs.  Business name(s)   |  |  |
|    | doing business as names  | Dudinicus Hamo(e)   | business name(s)   |  |  |
|    |  | EINs  | EINs   |  |  |
| 5. | Where you live   |   | If Debtor 2 lives at a different address:  |  |  |
|    |  | 278 Chicago Rd<br>Oswego, IL 60543  |  |  |  |
|    |  | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |
|    |  | Kendall   |  |  |  |
|    |  | County  | County   |  |  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |
| 6. | Why you are choosing this district to file for   | Check one:  | Check one:   |  |  |
|    | bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |
|    |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |
|    |  |   |  |  |  |

Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Document Page 3 of 61

Case number (if known) Debtor 1 Monique R Bazell

| ar  | Tell the Court About  | Your Ba | ankruptcy Ca                     | ise                                     |  |  |  |
|-----|---|---------|----------------------------------|---|--|--|--|
| 7.  | The chapter of the Bankruptcy Code you are  |         |                                  |   | of each, see <i>Notice Requir</i> page 1 and check the app | ed by 11 U.S.C. § 342(b) for Individ<br>ropriate box.  | uals Filing for Bankruptcy                                       |
|     | choosing to file under  | ☐ Ch    | napter 7                         |   |  |  |  |
|     |   | ☐ Ch    | napter 11                        |   |  |  |  |
|     |   | ☐ Ch    | napter 12                        |   |  |  |  |
|     |   | ■ Ch    | napter 13                        |   |  |  |  |
|     |   |         |                                  |   |  |  |  |
| 3.  | How you will pay the fee  |         | about how yo                     | ou may pay. Typi<br>attorney is subm    | ically, if you are paying the                              | e check with the clerk's office in you<br>fee yourself, you may pay with casl<br>ur behalf, your attorney may pay wit  | n, cashier's check, or money                                     |
|     |   |         |                                  |   | allments. If you choose this (Official Form 103A).         | s option, sign and attach the Applic   | ation for Individuals to Pay                                     |
|     |   | _       | but is not req<br>applies to you | uired to, waive y<br>ur family size and | our fee, and may do so on<br>d you are unable to pay the   | option only if you are filing for Cha<br>ly if your income is less than 150%<br>to fee in installments). If you choose<br>of (Official Form 103B) and file it with | of the official poverty line that this option, you must fill out |
|     |   |         | ито утруповис                    |   | napier / imig ree viaives                                  | 2 (emoiar i emi 1002) and me it imi  | r your poundri.  |
| 9.  | Have you filed for bankruptcy within the  | ■ No    |                                  |   |  |  |  |
|     | last 8 years?   | ☐ Ye    |                                  |   |  |  |  |
|     |   |         | District                         |   | When   | Case number  |  |
|     |   |         | District                         |   | When   | Case number  |  |
|     |   |         | District                         |   | When   | Case number  |  |
| 10. | Are any bankruptcy  | ■ No    |                                  |   |  |  |  |
|     | cases pending or being<br>filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an | ☐ Ye    | S.                               |   |  |  |  |
|     | affiliate?  |         |                                  |   |  |  |  |
|     |   |         | Debtor                           |   |  | Relationship to  | you  |
|     |   |         | District                         |   | When   | Case number, if  | known  |
|     |   |         | Debtor                           |   |  | Relationship to  | you  |
|     |   |         | District                         |   | When   | Case number, if  | known  |
| 11. | Do you rent your  | □ No    | . Go to I                        | ine 12.                                 |  |  |  |
|     | residence?  | ■ Ye    | , Has yo                         | our landlord obtain                     | ined an eviction judgment                                  | against you and do you want to stay  | in your residence?   |
|     |   | 0.      | s.<br>■                          | No. Go to line 1                        | 12.  |  |  |
|     |   |         | _                                |   | tial Statement About an Ev                                 | iction Judgment Against You (Form  | 101A) and file it with this                                      |
|     |   |         |                                  | zamirapioy pon                          |  |  |  |

| Debtor 1 | Monique R Bazell | Document | Page 4 of 61 | Case number (if known) |  |
|----------|------------------|----------|--------------|------------------------|--|
|          |                  |          |              |                        |  |

| Par | Report About Any Bu   | sinesses  | You Own                     | as a Sole Propriet   | or  |      |
|-----|---|-----------|-----------------------------|--|---|------|
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.     | Go to                       | Part 4.  |   |      |
|     |   | ☐ Yes.    | Name                        | and location of bus  | iness   |      |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |           | Name                        | e of business, if any  |   |      |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |           | Numb                        | er, Street, City, Stat   | e & ZIP Code  |      |
|     | it to this petition.  |           | Checi                       | k the appropriate bo   | x to describe your business:  |      |
|     |   |           |                             | Health Care Busin  | ness (as defined in 11 U.S.C. § 101(27A))   |      |
|     |   |           |                             | Single Asset Real  | Estate (as defined in 11 U.S.C. § 101(51B))   |      |
|     |   |           |                             | Stockbroker (as de   | efined in 11 U.S.C. § 101(53A))   |      |
|     |   |           |                             | Commodity Broke  | r (as defined in 11 U.S.C. § 101(6))  |      |
|     |   |           |                             | None of the above  |   |      |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines | s. If you ir<br>is, cash-fl | dicate that you are a  | court must know whether you are a small business debtor so that it can set approprise a small business debtor, you must attach your most recent balance sheet, statement ederal income tax return or if any of these documents do not exist, follow the procede | t of |
|     | For a definition of small   | ■ No.     | I am r                      | not filing under Chap  | ter 11.   |      |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.     | I am f<br>Code.             | 11, but I am NOT a small business debtor according to the definition in the Bankrupt | tcy   |      |
|     |   | ☐ Yes.    | I am f                      | iling under Chapter  | 11 and I am a small business debtor according to the definition in the Bankruptcy Co  | ode. |
| Par | t 4: Report if You Own or   | Have Any  | Hazardo                     | ous Property or An   | y Property That Needs Immediate Attention   |      |
| 14. | Do you own or have any  | ■ No.     |                             |  |   |      |
|     | property that poses or is alleged to pose a threat  | ☐ Yes.    |                             |  |   |      |
|     | of imminent and identifiable hazard to public health or safety?   |           | What is                     | the hazard?  |   |      |
|     | Or do you own any property that needs immediate attention?  |           |                             | liate attention is why is it needed?   |   |      |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |           | Where is                    | s the property?  | Number, Street, City, State & Zip Code  |      |
|     |   |           |                             |  | •   |      |

Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Document Page 5 of 61

Debtor 1 Monique R Bazell

\_\_\_\_\_

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

## ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 61 Case number (if known) Debtor 1 Monique R Bazell Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will □ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Monique R Bazell Signature of Debtor 2 Monique R Bazell

Executed on

MM / DD / YYYY

Signature of Debtor 1

Executed on April 15, 2016

MM / DD / YYYY

Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Document Page 7 of 61

Debtor 1 Monique R Bazell Page 7 01 01 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ David Cutler                       | Date          | April 15, 2016           |
|--|---------------|--------------------------|
| Signature of Attorney for Debtor       | <u> </u>      | MM / DD / YYYY           |
| David Cutler                           |               |                          |
| Printed name                           |               |                          |
| Cutler & Associates, Ltd.              |               |                          |
| Firm name                              |               |                          |
| 4131 Main St                           |               |                          |
| Skokie, IL 60076                       |               |                          |
| Number, Street, City, State & ZIP Code |               |                          |
| Contact phone <b>847-673-8600</b>      | Email address | stuartIswanson@gmail.com |
|  |               |                          |
| Bar number & State                     |               | <del></del>              |

|                          | Docume                                 | ent Page 8 of 6°   | 1  |   |
|--------------------------|--|--|--|---|
| mation to identify your  | case:                                  |  |  |   |
| Monique R Bazell         | I                                      |  |  |   |
| First Name               | Middle Name                            | Last Name  | -  |   |
|                          |  |  |  |   |
| First Name               | Middle Name                            | Last Name  |  |   |
| ankruptcy Court for the: | NORTHERN DISTRICT                      | OF ILLINOIS  |  |   |
|                          |  |  |  |   |
|                          |  |  |  | ☐ Check if this is an amended filing  |
|                          | Monique R Bazell First Name First Name | Monique R Bazell  First Name Middle Name  First Name Middle Name | Monique R Bazell  First Name Middle Name Last Name  First Name Middle Name Last Name | Monique R Bazell First Name Middle Name Last Name  First Name Middle Name Last Name |

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | t 1: Summarize Your Assets   |             |                           |
|-----|--|-------------|---------------------------|
|     |  |             | assets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 0.00                      |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 36,570.00                 |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 36,570.00                 |
| Par | t 2: Summarize Your Liabilities  |             |                           |
|     |  |             | liabilities<br>nt you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 0.00                      |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 13,000.00                 |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 104,064.50                |
|     | Your total liabilities   | \$          | 117,064.50                |
| Par | t 3: Summarize Your Income and Expenses  |             |                           |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 5,007.66                  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 4,217.66                  |
| Par | t 4: Answer These Questions for Administrative and Statistical Records   |             |                           |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other so | chedules.                 |
| 7.  | ■ Yes What kind of debt do you have?   |             |                           |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a   | a persona   | l, family, or             |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

Entered 04/15/16 15:23:21 Case 16-12935 Doc 1 Filed 04/15/16 Desc Main Document

Page 9 of 61 Case number (if known) Debtor 1 Monique R Bazell

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form | <u>_</u>     | 6,775.00 |
|----|--|--------------|----------|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              | <b> </b> • – | 0,773.00 |

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total | claim     |
|--|-------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |       |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 13,000.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$    | 0.00      |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 13,000.00 |

|                                      |   | Document   | Page 10 of 61                    |  |   |
|--------------------------------------|---|--|----------------------------------|--|---|
| Fill in this inf                     | ormation to identify your o   | ase and this filing:   |                                  |  |   |
| Debtor 1                             | Monique R Bazell  |  |                                  |  |   |
|                                      | First Name  | Middle Name  | Last Name                        |  |   |
| Debtor 2<br>(Spouse, if filing)      | First Name  | Middle Name  | Last Name                        |  |   |
| United States                        | Bankruptcy Court for the:   | NORTHERN DISTRICT OF ILI   | LINOIS                           |  |   |
| Casa numbar                          | -   |  |                                  |  | <b>—</b>  |
| Case number                          |   |  |                                  |  | ☐ Check if this is an amended filing                  |
|                                      |   |  |                                  |  | •   |
| Official F                           | orm 106A/B  |  |                                  |  |   |
|                                      | ule A/B: Prop   | ertv   |                                  |  | 12/15   |
| n each category<br>hink it fits best | y, separately list and describe  Be as complete and accurate or space is needed, attach a | items. List an asset only once. le as possible. If two married peo a separate sheet to this form. On | ple are filing together, both ar | e equally responsible for s              | upplying correct                                      |
| Part 1: Descri                       | be Each Residence, Building,  | Land, or Other Real Estate You   | Own or Have an Interest In       |  |   |
| . Do you own                         | or have any legal or equitable  | interest in any residence, buildir   | ng, land, or similar property?   |  |   |
| ■ No. Go to                          | Part 2.   |  |                                  |  |   |
| ☐ Yes. Whe                           | re is the property?   |  |                                  |  |   |
| Doret 2                              | ibe Your Vehicles   |  |                                  |  |   |
| Part 2: Descri                       | be four venicles  |  |                                  |  |   |
| someone else                         |   | table interest in any vehicles e, also report it on Schedule G: lity vehicles, motorcycles           |                                  |  | oo.co you o   |
| □ No                                 |   |  |                                  |  |   |
| ■ Yes                                |   |  |                                  |  |   |
| _ 103                                |   |  |                                  |  |   |
| 3.1 Make:                            | Toyota  | Who has an interest in   | the property? Check one          |  | claims or exemptions. Put                             |
| Model:                               | Corrolla  | Debtor 1 only  | and property to chook one        |  | ed claims on Schedule D:<br>nims Secured by Property. |
| Year:                                | 2007  | Debtor 2 only  |                                  |  |   |
|                                      | mate mileage:   | Debtor 1 and Debtor  | 2 only                           | Current value of the<br>entire property? | Current value of the<br>portion you own?              |
| Other in                             | formation:  | At least one of the de   | •                                |  |   |
| Mothe                                | r's car   |  |                                  | \$0.00                                   | \$0.00  |
|                                      |   | Check if this is com (see instructions)  | munity property                  | φυ.υυ                                    | φ0.00   |
|                                      |   |  |                                  |  |   |
| . Watercraft,                        | aircraft, motor homes, AT   | Vs and other recreational ve   | hicles, other vehicles, and      | accessories                              |   |
| Examples: B                          | Boats, trailers, motors, perso  | nal watercraft, fishing vessels,   | snowmobiles, motorcycle ac       | ccessories                               |   |
| ■ No                                 |   |  |                                  |  |   |
| ☐ Yes                                |   |  |                                  |  |   |
| 00                                   |   |  |                                  |  |   |
|                                      |   |  |                                  |  |   |
|                                      |   | ou own for all of your entries<br>Write that number here   |                                  |  | \$0.00  |
|                                      |   |  |                                  |  |   |
|                                      | ibe Your Personal and House   | hold Items<br>ble interest in any of the follo   | owing items?                     |  | Current value of the                                  |
| Do you own (                         | or nave any legal of equita   | ole interest in any Of the folio   | wing items :                     |  | portion you own? Do not deduct secured                |
| . Household                          | goods and furnishings   |  |                                  |  | claims or exemptions.                                 |
|                                      | Major appliances, furniture,  | linens, china, kitchenware   |                                  |  |   |

□ No

Official Form 106A/B Schedule A/B: Property

|               | Case 16-12935   | Doc 1                         | Filed 04/15/16<br>Document                      | Entered 04/15/16 15:2<br>Page 11 of 61  | 23:21       | Desc Main                      |
|---------------|---|-------------------------------|---|---|-------------|--------------------------------|
| Debtor 1      | Monique R Bazell  |                               | 2004  | Case number                             | (if known)  |                                |
| ■ Yes.        | Describe  |                               |   |   |             |                                |
|               | Person  | nal possess                   | ions in home at liqu                            | idation value including                 | 7           |                                |
|               | couch   | es, beds, di                  | shes, kitchenware, l                            | kithen table 3 tvs, 2 stereos, 3        |             | \$3,000.00                     |
|               | bedroo  | om sets, end                  | d tables, non-collect                           | able artwork, bikes. moped.             |             | φ3,000.00                      |
| □ No          |   | audio, video,<br>cameras, med | stereo, and digital equipi<br>ia players, games | oment; computers, printers, scanner     | s; music co | ollections; electronic devices |
|               | Comp  | uter                          |   |   |             | \$200.00                       |
| Example No    | bles of value es: Antiques and figurines; other collections, mem  Describe                  |                               |   | oks, pictures, or other art objects; st | amp, coin,  | or baseball card collections;  |
| Example<br>No | ent for sports and hobbic<br>es: Sports, photographic, e<br>musical instruments<br>Describe |                               | other hobby equipment;                          | bicycles, pool tables, golf clubs, skis | s; canoes a | nd kayaks; carpentry tools;    |
| ■ No          | ns  bles: Pistols, rifles, shotgur  Describe  | s, ammunitior                 | n, and related equipmen                         | t                                       |             |                                |
| □ No          | s  les: Everyday clothes, furs  Describe  | s, leather coat               | s, designer wear, shoes                         | accessories                             |             |                                |
| ■ res.        |   |                               |   |   | -           | •                              |
|               | Person  | nal clothing                  |   |   |             | \$40.00                        |
| □ No          |   | tume jewelry,                 | engagement rings, wed                           | ding rings, heirloom jewelry, watche    | s, gems, go | old, silver                    |
|               | Costu   | ne jewelry                    |   |   |             | \$30.00                        |
| Examp<br>□ No | rm animals bles: Dogs, cats, birds, hore Describe 2 cats                                    | ses                           |   |   | ]           | \$0.00                         |
|               |   |                               |   |   |             |                                |
| ■ No          | her personal and houselger Give specific information.                                       | -                             | u did not already list, i                       | ncluding any health aids you did        | not list    |                                |

Official Form 106A/B Schedule A/B: Property page 2

Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Document Page 12 of 61 Case number (if known)

| 15. | Add the dollar value of all of y for Part 3. Write that number h        |                             | rt 3, including any entries for pages you have attached   | \$3,270.00  |
|-----|---|-----------------------------|---|---|
| Par | t 4: Describe Your Financial Assets                                     | i                           |   |   |
| Do  | you own or have any legal or ed   | uitable interest in a       | any of the following?   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|     | Cash Examples: Money you have in yo  No Yes                             | . ,                         | ne, in a safe deposit box, and on hand when you file your petit   | ion   |
|     |   |                             | unts; certificates of deposit; shares in credit unions, brokerage with the same institution, list each.                               | houses, and other similar   |
| ١   | Yes   |                             | Institution name:   |   |
|     | 17.1.   | Debit Card                  | Netspend - prepaid debit card   | \$1,800.00  |
|     | Bonds, mutual funds, or publicl Examples: Bond funds, investme  No      |                             | serage firms, money market accounts   |   |
|     | • • •   | nstitution or issuer na     | ame:  |   |
| 19. | Non-publicly traded stock and i joint venture                           | nterests in incorpor        | rated and unincorporated businesses, including an intere  | st in an LLC, partnership, and  |
| ı   | No  |                             |   |   |
| ļ   | ☐ Yes. Give specific information a Nam                                  | about them<br>ne of entity: | <br>% of ownership:   |   |
|     | Negotiable instruments include po<br>Non-negotiable instruments are the | ersonal checks, cash        | iable and non-negotiable instruments iers' checks, promissory notes, and money orders. sfer to someone by signing or delivering them. |   |
| _   | ■ No<br>☐ Yes. Give specific information a<br>Issu                      | bout them<br>er name:       |   |   |
|     | Retirement or pension accounts Examples: Interests in IRA, ERIS  No     |                             | 3(b), thrift savings accounts, or other pension or profit-sharing   | plans   |
| l   | ☐ Yes. List each account separate<br>Type o                             | ely.<br>f account:          | Institution name:   |   |
|     |   | s you have made so t        | hat you may continue service or use from a company ublic utilities (electric, gas, water), telecommunications compa                   | nies, or others   |
|     | Yes   |                             | Institution name or individual:   |   |
|     | Rent  |                             | Landlord  | \$1,500.00  |
|     | _ ` '   | ic payment of money         | to you, either for life or for a number of years)   |   |
|     | ■ No<br>□ Yes Issuer name   | and description.            |   |   |
|     | Interests in an education IRA, in<br>26 U.S.C. §§ 530(b)(1), 529A(b), a |                             | alified ABLE program, or under a qualified state tuition pr   | ogram.  |
|     | ■ No  | (~)( . / .                  |   |   |

Official Form 106A/B Schedule A/B: Property page 3

|    |                             | Case 1                    | .6-12935   | Doc 1                         | Filed 04/15/16<br>Document   | Entered 04/15<br>Page 13 of 61 | 5/16 15:23:21              | Desc Main  |
|----|-----------------------------|---------------------------|--|-------------------------------|--|--------------------------------|----------------------------|--|
| De | ebtor 1                     | Monique                   | R Bazell   |                               | Document   |                                | ase number (if known)      |  |
|    | ☐ Yes                       |                           | Institution na   | me and desc                   | cription. Separately file th                                       | e records of any interes       | sts.11 U.S.C. § 521(c):    |  |
|    | ■ No                        |                           | r future intere  |                               | rty (other than anythin  | g listed in line 1), and       | rights or powers exe       | ercisable for your benefit   |
|    | Example ■ No                | les: Internet             |  | s, websites, p                | ets, and other intellecturoceeds from royalties a                  |                                | ts                         |  |
|    | Example ■ No                | les: Building             | es, and other permits, exclu                                       | sive licenses                 | <b>ngibles</b><br>, cooperative associatior                        | n holdings, liquor licens      | es, professional licens    | es   |
| Мс | oney or p                   | property ow               | ed to you?   |                               |  |                                |                            | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|    | ■ No                        | unds owed Give specific   |  | oout them, inc                | cluding whether you alrea  | ady filed the returns and      | d the tax years            |  |
|    | □ No                        | les: Past due             | e or lump sum  |                               | usal support, child suppo  | ort, maintenance, divorc       | ce settlement, property    | settlement   |
|    |                             |                           |  | Past                          | due child support -  | Uncollectable                  | Child Support              | \$30,000.00  |
|    | Example ■ No                | les: Unpaid benefits      | meone owes y<br>wages, disabili<br>; unpaid loans<br>c information | ty insurance                  | payments, disability bend<br>someone else                          | efits, sick pay, vacation      | pay, workers' compe        | nsation, Social Security   |
|    | Exampi<br>□ No              | les: Health, o            | ,  | ·                             | nealth savings account (I  | HSA); credit, homeown          | er's, or renter's insurar  | nce  |
|    | Yes. N                      | Name the ins              |  | nny of each p<br>pany name:   | olicy and list its value.  | Beneficiar                     | y:                         | Surrender or refund value:   |
|    |                             |                           |  |                               |  |                                |                            |  |
|    |                             |                           | Tern   | n life insur                  | ance through emplo   | yer Daughte                    | rs                         | \$0.00   |
|    | If you a someon ■ No □ Yes. | re the benefine has died. | perty that is diciary of a living                                  | ue you from<br>g trust, exped | ance through employ someone who has die t proceeds from a life ins | d<br>surance policy, or are c  | currently entitled to rece | <u> </u>   |

|                | Case 16-12935  | Doc 1              | Filed 04/15/16           |                       | 4/15/16 15:23:21            | Desc Main               |
|----------------|--|--------------------|--------------------------|-----------------------|-----------------------------|-------------------------|
| Debte          | Monique R Bazell   |                    | Document                 | Page 14 of            | Case number (if known)      |                         |
| _              | her contingent and unliquidat  | ed claims of e     | very nature, including   | g counterclaims o     | of the debtor and rights to | set off claims          |
|                | Yes. Describe each claim   |                    |                          |                       |                             |                         |
| 35. <b>A</b>   | ny financial assets you did not                                      | t already list     |                          |                       |                             |                         |
|                | No   |                    |                          |                       |                             |                         |
|                | Yes. Give specific information                                       |                    |                          |                       |                             |                         |
|                | Add the dollar value of all of your Part 4. Write that number h      |                    |                          |                       |                             | \$33,300.00             |
| Part 5         | Describe Any Business-Related  | l Property You O   | wn or Have an Interest I | n. List any real esta | te in Part 1.               |                         |
| 37. <b>D</b> c | you own or have any legal or equ                                     | itable interest in | any business-related pr  | operty?               |                             |                         |
|                | lo. Go to Part 6.  |                    |                          |                       |                             |                         |
|                | es. Go to line 38.   |                    |                          |                       |                             |                         |
|                |  |                    |                          |                       |                             |                         |
| Part 6         | Describe Any Farm- and Comme<br>If you own or have an interest in fa |                    |                          | or Have an Interes    | t In.                       |                         |
| 46. <b>D</b>   | you own or have any legal or   | r equitable inte   | erest in any farm- or c  | ommercial fishin      | g-related property?         |                         |
| ı              | No. Go to Part 7.  |                    |                          |                       |                             |                         |
|                | Yes. Go to line 47.  |                    |                          |                       |                             |                         |
| Part 7         | Describe All Property You  | Own or Have an     | Interest in That You Did | Not List Above        |                             |                         |
|                | you have other property of a xamples: Season tickets, countr         |                    |                          |                       |                             |                         |
|                | No   |                    |                          |                       |                             |                         |
| Ц              | Yes. Give specific information                                       |                    |                          |                       |                             |                         |
| 54.            | Add the dollar value of all of yo                                    | our entries fro    | m Part 7. Write that n   | umber here            |                             | \$0.00                  |
| Part 8         | List the Totals of Each Part   | of this Form       |                          |                       |                             |                         |
| 55.            | Part 1: Total real estate, line 2                                    |                    |                          |                       |                             | \$0.00                  |
| 56.            | Part 2: Total vehicles, line 5                                       |                    |                          | \$0.00                |                             |                         |
| 57.            | Part 3: Total personal and hou                                       | sehold items,      | line 15                  | \$3,270.00            |                             |                         |
|                | Part 4: Total financial assets, l                                    |                    |                          | \$33,300.00           |                             |                         |
|                | Part 5: Total business-related                                       |                    |                          | \$0.00                |                             |                         |
|                | Part 6: Total farm- and fishing-                                     |                    |                          | \$0.00                |                             |                         |
| 61.            | Part 7: Total other property no                                      | t iistea, iine 54  | +_                       | \$0.00                |                             |                         |
| 62.            | Total personal property. Add lin                                     | nes 56 through     | 61                       | \$36,570.00           | Copy personal property to   | otal <b>\$36,570.00</b> |
| 63.            | Total of all property on Schedu                                      | ule A/B. Add lin   | e 55 + line 62           |                       |                             | \$36,570.00             |

Official Form 106A/B Schedule A/B: Property page 5

|                          | Ca  | se 16-12935 D   | oc 1 Filed 04/15/1  |                         | Entered 04/15/16 15:23<br>Page 15 of 61   | :21                            | Desc Main   |
|--------------------------|---|---|---|-------------------------|---|--------------------------------|---|
| Fil                      | l in this inform  | nation to identify your o   |   |                         |   |                                |   |
| De                       | ebtor 1   | Monique R Bazell First Name   | Middle Name   | L                       | ast Name  |                                |   |
| 1 -                      | ebtor 2<br>ouse if, filing)   | First Name  | Middle Name   | L                       | ast Name  |                                |   |
| Un                       | nited States Bar  | kruptcy Court for the:  | NORTHERN DISTRICT OF I  | LLIN                    | OIS   |                                |   |
| (if k                    | ase number  | 1000  |   |                         |   |                                | ☐ Check if this is an amended filing                                      |
|                          | fficial For<br>chedule  |   | perty You Cla   | im                      | as Exempt   |                                | 4/16  |
| the<br>nee               | property you lis  | sted on <i>Schedule A/B: P</i><br>I attach to this page as n                  | roperty (Official Form 106A/B)  | as yo                   | ther, both are equally responsible for<br>our source, list the property that you o<br>ge as necessary. On the top of any a  | claim as                       | exempt. If more space is  |
| spe<br>any<br>fun<br>exe | ecific dollar am<br>applicable stade<br>ds—may be un<br>emption to a pa | nount as exempt. Altern<br>atutory limit. Some exe<br>nlimited in dollar amou | natively, you may claim the fo<br>mptions—such as those for<br>nt. However, if you claim an | ull fai<br>heal<br>exen | ount of the exemption you claim. Our claim of the property being the aids, rights to receive certain be notion of 100% of fair market value letermined to exceed that amount, | ng exer<br>enefits,<br>e under | npted up to the amount of and tax-exempt retirement a law that limits the |
| Pa                       | rt 1: Identify  | y the Property You Cla  | m as Exempt   |                         |   |                                |   |
| 1.                       | Which set of  | exemptions are you cl   | aiming? Check one only, ever  | n if yo                 | our spouse is filing with you.  |                                |   |
|                          | You are cla   | iming state and federal   | nonbankruptcy exemptions. 1   | 1 U.S                   | S.C. § 522(b)(3)  |                                |   |
|                          | ☐ You are cla   | iming federal exemption   | s. 11 U.S.C. § 522(b)(2)  |                         |   |                                |   |
| 2.                       | For any prop  | erty you list on <i>Schedu</i>  | <i>lle A/B</i> that you claim as exe  | mpt,                    | fill in the information below.  |                                |   |
|                          |   | on of the property and line hat lists this property                           | on Current value of the portion you own   | Am                      | ount of the exemption you claim   | Specifi                        | c laws that allow exemption   |
|                          |   | ,   | Copy the value from<br>Schedule A/B   | Che                     | eck only one box for each exemption.  |                                |   |
|                          | Personal cl   | othing<br>edule A/B: 11.1   | \$40.00   |                         | \$40.00   | 735 IL                         | _CS 5/12-1001(a)  |
|                          | Line nom Sch  | edule A/B. 11.1   |   |                         | 100% of fair market value, up to any applicable statutory limit   |                                |   |
|                          | Rent: Landl   |   | \$1,500.00  |                         | \$1,500.00  | 735 IL                         | _CS 5/12-1001(b)  |
|                          | Line from Sch   | edule A/B: <b>22.1</b>  |   |                         | 100% of fair market value, up to any applicable statutory limit   |                                |   |

|   | Copy the value from<br>Schedule A/B | Check | only one box for each exemption.                               |                          |
|---|-------------------------------------|-------|--|--------------------------|
| Personal clothing Line from Schedule A/B: 11.1        | \$40.00                             | •     | \$40.00  | 735 ILCS 5/12-1001(a)    |
| Zine nom concade / v.z. 1111                          |                                     |       | 00% of fair market value, up to any applicable statutory limit |                          |
| Rent: Landlord Line from Schedule A/B: 22.1           | \$1,500.00                          |       | \$1,500.00   | 735 ILCS 5/12-1001(b)    |
| Ellie Holli Gorioddie 775. 2211                       |                                     |       | 00% of fair market value, up to any applicable statutory limit |                          |
| Child Support: Past due child support - Uncollectable | \$30,000.00                         |       | \$30,000.00  | 735 ILCS 5/12-1001(g)(4) |
| Line from Schedule A/B: 29.1                          |                                     |       | 00% of fair market value, up to any applicable statutory limit |                          |
| Term life insurance through employer                  | \$0.00                              | _     | \$0.00   | 215 ILCS 5/238           |
| Beneficiary: Daughters Line from Schedule A/B: 31.1   |                                     |       | 00% of fair market value, up to any applicable statutory limit |                          |

| 3. | Are v | you clai | ming a l | nomestead | exemption | of more | than \$ | 160,37 | 75? |
|----|-------|----------|----------|-----------|-----------|---------|---------|--------|-----|
|    |       |          |          |           |           |         |         |        |     |

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

Official Form 106C

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Case 16-12935 Page 16 of 61 Case number (if known) Document

Debtor 1 Monique R Bazell

|                     |                          | 1211111           | 3.11        |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor  | mation to identify your  | case:             |             |  |
| Debtor 1            | Monique R Bazel          | I                 |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            |                          |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (if known)          |                          |                   |             |  |
|                     |                          |                   |             |  |

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

|   |   |   |  | Document   | Page 18 of  | 61   | -  |   |   |
|---|---|---|--|--|---|--|--|---|---|
| Fill in                                     | this inforn   | nation to identify your o   | case:  |  |   |  |  |   |   |
| Debtor                                      | · 1   | Monique R Bazell  |  |  |   |  |  |   |   |
|   |   | First Name  | Middle   | Name   | Last Name   |  |  |   |   |
| Debtor                                      |   |   |  |  |   |  |  |   |   |
| (Spouse                                     | if, filing)   | First Name  | Middle   | Name   | Last Name   |  |  |   |   |
| United                                      | States Ba   | nkruptcy Court for the:   | NORTHER  | RN DISTRICT OF ILI   | LINOIS  |  |  |   |   |
| Casa r                                      | number  |   |  |  |   |  |  |   |   |
| (if known                                   | _   |   |  | _  |   |  | ☐ Check  | if this is an   |   |
|   |   |   |  |  |   |  | amend  | led filing  |   |
| <b>⊃</b> tt:~:                              | ol Forn   | - 106E/E  |  |  |   |  |  |   |   |
|   |   | <u>n 106E/F</u><br>:/E: Craditara W   | ha Have  | a Unaccurad  | Claima  |  |  | 40/4E   |   |
|   |   | F/F: Creditors W  |  |  |   | fan anaditana with NON   | IDDIODITY eleime Li  | 12/15   | _ |
| iny exec<br>Schedul<br>Schedul<br>eft. Atta | cutory cont<br>le G: Execu<br>le D: Credit<br>ach the Con | tracts or unexpired leases<br>tory Contracts and Unexpi<br>ors Who Have Claims Secu<br>atinuation Page to this pagen<br>ther (if known).                            | that could re<br>ired Leases (<br>ured by Propo      | sult in a claim. Also I<br>Official Form 106G). E<br>erty. If more space is    | list executory contract<br>Do not include any cr<br>needed, copy the Pa | cts on Schedule A/B: I<br>reditors with partially s<br>rt you need, fill it out, | Property (Official For<br>secured claims that a<br>number the entries in | m 106A/B) and on<br>are listed in<br>n the boxes on the | 9 |
| Part 1:                                     |   | II of Your PRIORITY Un  | secured Cla  | aims   |   |  |  |   |   |
| 1. Do                                       | any credito   | ors have priority unsecured   | d claims agai  | nst you?   |   |  |  |   | _ |
|   | No. Go to P   | Part 2.   |  |  |   |  |  |   |   |
|   | Yes.  |   |  |  |   |  |  |   |   |
| ide<br>pos<br>Par                           | ntify what typesible, list the                            | r priority unsecured claims<br>pe of claim it is. If a claim ha<br>e claims in alphabetical orde<br>than one creditor holds a par<br>ation of each type of claim, s | s both priority<br>r according to<br>rticular claim, | and nonpriority amoun<br>the creditor's name. If<br>list the other creditors i | nts, list that claim here<br>f you have more than to<br>in Part 3.      | and show both priority   | and nonpriority amoun  | ts. As much as  |   |
| (1.0  | т ат охрана   | anon or odon type or olaim, o   |  |  | 5 mondonom bookiet.)  | Total claim  | Priority amount  | Nonpriority amount                                      |   |
| 2.1   | Internal  | Revenue Service - 1   | /11  | Last 4 digits of accou   | unt number  | \$13,000.00  | _  | \$0.0   | 0 |
|   | ,   | editor's Name   |  |  |   |  |  |   | _ |
|   | PO Box  |   |  | When was the debt in   | icurred?  |  | _  |   |   |
|   |   | Iphia, PA 19101-7346<br>treet City State Zlp Code   |  | As of the date you file  | e, the claim is: Check  | all that apply   |  |   |   |
| W   | /ho incurred  | d the debt? Check one.  |  | ☐ Contingent   |   |  |  |   |   |
|   | Debtor 1 c  | only  |  | ☐ Unliquidated   |   |  |  |   |   |
|   | Debtor 2 c  | only  |  | Disputed   |   |  |  |   |   |
|   | Debtor 1 a  | and Debtor 2 only   |  | Type of PRIORITY un:   | secured claim:  |  |  |   |   |
| Г   | At least or   | ne of the debtors and anothe  | ır   | Domestic support of  | bligations  |  |  |   |   |
| _   | _   | his claim is for a commun   |  | Taxes and certain of   |   | e aovernment   |  |   |   |
|   |   | subject to offset?  | -  | ☐ Claims for death or  | =   | <del>-</del>   |  |   |   |
| _   | No  |   |  | _  |   |  |  |   |   |
|   | Yes   |   |  |  |   |  |  |   |   |
| Port 2                                      | Liet A  | II of Your NONPRIORIT   | V Unacquira  | d Claima   |   |  |  |   |   |
| Part 2                                      |   | ors have nonpriority unsec  |  |  |   |  |  |   | _ |
| _   | •   | . ,   |  | • ,  |   |  |  |   |   |
|   |   | ve nothing to report in this pa   | art. Submit thi                                      | s iorm to the court with   | your other schedules.   |  |  |   |   |
|   | Yes.  |   |  |  |   |  |  |   |   |
| uns<br>tha                                  | secured clair   | r nonpriority unsecured cla<br>m, list the creditor separately<br>or holds a particular claim, list   | for each clair                                       | m. For each claim listed   | d, identify what type of  | claim it is. Do not list cl  | aims already included  | in Part 1. If more                                      |   |

Total claim

Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Document Page 19 of 61

Debtor 1 Monique R Bazell Case number (if know) 4.1 \$1,349.54 Aaron's Last 4 digits of account number Nonpriority Creditor's Name 1218 N. Lake St When was the debt incurred? Aurora, IL 60506 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.2 Alpha Management Last 4 digits of account number M326 \$4,820.00 Nonpriority Creditor's Name c/o Andrew Smith When was the debt incurred? 1100 E US Route 34, Ste 1 Plano, IL 60545 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 **Alpha Management** Last 4 digits of account number \$0.00 Nonpriority Creditor's Name When was the debt incurred? 625 N. Elmwood Dr Suite B Aurora, IL 60506 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Document Page 20 of 61

Debtor 1 Monique R Bazell Case number (if know) 4.4 \$3,466.00 **Amy Weseloh** Last 4 digits of account number M475 Nonpriority Creditor's Name 35W061 Chilem Drive When was the debt incurred? Batavia, IL 60510 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.5 **Arnold Scott Harris** \$41,254.90 Last 4 digits of account number Nonpriority Creditor's Name 600 W Jackson Blvd When was the debt incurred? Chicago, IL 60661 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.6 Atg Credit Last 4 digits of account number 2265 \$40.00 Nonpriority Creditor's Name 1700 W Cortland St Ste 2 When was the debt incurred? Opened 7/01/15 Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Valley Imaging** ■ Other. Specify Consultants ☐ Yes

Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Document Page 21 of 61 Case number (if know)

| .7 | ATG Credit, LLC  | Last 4 digits of account number   | \$40.12    |
|----|--|---|------------|
|    | Nonpriority Creditor's Name Corporate Office 1700 W Cortland St. Ste 201 Chicago, IL 60622 | When was the debt incurred?   | ψ+0.12     |
|    | Number Street City State Zlp Code Who incurred the debt? Check one.                        | As of the date you file, the claim is: Check all that apply   |            |
|    | ■ Debtor 1 only  | ☐ Contingent  |            |
|    | Debtor 2 only  | ☐ Unliquidated  |            |
|    | Debtor 1 and Debtor 2 only   | □ Disputed  |            |
|    | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|    | ☐ Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not           |            |
|    | Is the claim subject to offset?  | report as priority claims   |            |
|    | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |            |
|    | Yes  | Other. Specify  |            |
|    | Cci  | Last 4 digits of account number   | \$1,320.00 |
|    | Nonpriority Creditor's Name 501 Greene Street Augusta, GA 30901                            | When was the debt incurred?   |            |
|    | Number Street City State Zlp Code Who incurred the debt? Check one.                        | As of the date you file, the claim is: Check all that apply   |            |
|    | Debtor 1 only  | ☐ Contingent  |            |
|    | Debtor 2 only  | ☐ Unliquidated  |            |
|    | Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|    | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|    | ☐ Check if this claim is for a community   | ☐ Student loans   |            |
|    | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|    | ■ No   | lacktriangle Debts to pension or profit-sharing plans, and other similar debts                            |            |
|    | Yes  | ■ Other. Specify 10 Peoples Gas Light And Coke 266  |            |
| 1  | City of Chicago  | Last 4 digits of account number   | \$4,300.00 |
| _  | Nonpriority Creditor's Name  Department of Revenue   | When was the debt incurred?   |            |
|    | PO Box 88292<br>Chicago, IL 60680  |   |            |
|    | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |            |
|    | Who incurred the debt? Check one.  |   |            |
|    | Debtor 1 only  | ☐ Contingent  |            |
|    | Debtor 2 only  | ☐ Unliquidated  |            |
|    | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|    | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|    | $\square$ Check if this claim is for a community debt                                      | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not           |            |
|    | Is the claim subject to offset?  | report as priority claims   |            |
|    | ■ No   | lacktriangle Debts to pension or profit-sharing plans, and other similar debts                            |            |
|    | □ Yes  | Other, Specify  |            |

Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Document Page 22 of 61
Case number (if know)

| 0   |  | <b>\$000.00</b> |
|---|--|-----------------|
| Comcast  Nonpriority Creditor's Name              | Last 4 digits of account number  | \$836.80        |
| PO Box 3002<br>Southeastern, PA 19398             | When was the debt incurred?  | _               |
| Number Street City State Zlp Code                 | As of the date you file, the claim is: Check all that apply  |                 |
| Who incurred the debt? Check one.                 |  |                 |
| Debtor 1 only                                     | ☐ Contingent   |                 |
| Debtor 2 only                                     | ☐ Unliquidated   |                 |
| ☐ Debtor 1 and Debtor 2 only                      | ☐ Disputed   |                 |
| $\square$ At least one of the debtors and another | Type of NONPRIORITY unsecured claim:   |                 |
| $\square$ Check if this claim is for a community  | ☐ Student loans  |                 |
| debt Is the claim subject to offset?              | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                |                 |
| ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |                 |
| Yes   | Other. Specify   | _               |
| Diversified Consultant                            | Last 4 digits of account number 4984   | \$837.00        |
| Nonpriority Creditor's Name                       |  | •               |
| Dci   | When was the debt incurred?  | _               |
| Po Box 551268<br>Jacksonville, FL 32255           |  |                 |
| Number Street City State Zlp Code                 | As of the date you file, the claim is: Check all that apply  |                 |
| Who incurred the debt? Check one.                 |  |                 |
| Debtor 1 only                                     | ☐ Contingent   |                 |
| Debtor 2 only                                     | ☐ Unliquidated   |                 |
| ☐ Debtor 1 and Debtor 2 only                      | ☐ Disputed   |                 |
| ☐ At least one of the debtors and another         | Type of NONPRIORITY unsecured claim:   |                 |
| ☐ Check if this claim is for a community          | ☐ Student loans  |                 |
| debt<br>Is the claim subject to offset?           | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                |                 |
| No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |                 |
| Yes   | Other. Specify 11 Comcast  | _               |
| ERC/Enhanced Recovery Corp                        | Last 4 digits of account number 5083   | \$145.00        |
| Nonpriority Creditor's Name                       |  |                 |
| 8014 Bayberry Rd<br>Jacksonville, FL 32256        | When was the debt incurred? Opened 11/01/15  | _               |
| Number Street City State Zlp Code                 | As of the date you file, the claim is: Check all that apply  |                 |
| Who incurred the debt? Check one.                 | ***  |                 |
| ■ Debtor 1 only                                   | ☐ Contingent   |                 |
| Debtor 2 only                                     | ☐ Unliquidated   |                 |
| ☐ Debtor 1 and Debtor 2 only                      | ☐ Disputed   |                 |
| ☐ At least one of the debtors and another         | Type of NONPRIORITY unsecured claim:   |                 |
| ☐ Check if this claim is for a community          | ☐ Student loans  |                 |
| debt Is the claim subject to offset?              | $\hfill \Box$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                 |
| ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |                 |
|   | Collection Attorney Comcast Cable  |                 |
| Yes   | Other. Specify Communications  |                 |

Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Document Page 23 of 61

| 1 Monique R Bazell  |   | Case number (if know)                         |            |  |  |  |  |
|---|---|---|------------|--|--|--|--|
| Fingerhut   | Last 4 digits of account number                                     | 6279  | \$0.00     |  |  |  |  |
| Nonpriority Creditor's Name 6250 Ridgewood Rd Saint Cloud, MN 56303 | When was the debt incurred?   | Opened 10/01/13 Last Active 11/29/13          |            |  |  |  |  |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim                                  | is: Check all that apply                      |            |  |  |  |  |
| Debtor 1 only   | ☐ Contingent  |   |            |  |  |  |  |
| ☐ Debtor 2 only   | ☐ Unliquidated  |   |            |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |  |  |  |  |
| $\square$ At least one of the debtors and another                   | Type of NONPRIORITY unsecure  | d claim:                                      |            |  |  |  |  |
| $\square$ Check if this claim is for a community                    | ☐ Student loans   |   |            |  |  |  |  |
| debt Is the claim subject to offset?                                | report as priority claims   | aration agreement or divorce that you did not |            |  |  |  |  |
| ■ No  | Debts to pension or profit-sharing                                  | g plans, and other similar debts              |            |  |  |  |  |
| Yes   | Other. Specify Installment  | Sales Contract                                |            |  |  |  |  |
| Fingerhut   | Last 4 digits of account number                                     |   | \$263.19   |  |  |  |  |
| Nonpriority Creditor's Name PO Box 166                              | When was the debt incurred?   |   |            |  |  |  |  |
| Newark, NJ 07101-0166   | when was the debt incurred?   |   |            |  |  |  |  |
| Number Street City State Zlp Code                                   | As of the date you file, the claim                                  | is: Check all that apply                      |            |  |  |  |  |
| Who incurred the debt? Check one.                                   |   |   |            |  |  |  |  |
| Debtor 1 only   | ☐ Contingent  |   |            |  |  |  |  |
| ☐ Debtor 2 only   | ☐ Unliquidated  |   |            |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |  |  |  |  |
| $\square$ At least one of the debtors and another                   | Type of NONPRIORITY unsecure  | d claim:                                      |            |  |  |  |  |
| ☐ Check if this claim is for a community                            | ☐ Student loans   |   |            |  |  |  |  |
| debt Is the claim subject to offset?                                | Obligations arising out of a separeport as priority claims          | aration agreement or divorce that you did not |            |  |  |  |  |
| ■ No  | ☐ Debts to pension or profit-sharin                                 | ng plans, and other similar debts             |            |  |  |  |  |
| Yes   | Other. Specify  |   |            |  |  |  |  |
| Hertg Accpt   | Last 4 digits of account number                                     | 8201  | \$9,851.00 |  |  |  |  |
| Nonpriority Creditor's Name   | Last 4 digits of account number                                     |   | 40,001100  |  |  |  |  |
| 120 W Lexington<br>Elkhart, IN 46516                                | When was the debt incurred?   | Opened 3/18/15 Last Active 9/30/15            |            |  |  |  |  |
| Number Street City State Zlp Code                                   | As of the date you file, the claim                                  | is: Check all that apply                      |            |  |  |  |  |
| Who incurred the debt? Check one.                                   |   |   |            |  |  |  |  |
| ■ Debtor 1 only   | ☐ Contingent  |   |            |  |  |  |  |
| ☐ Debtor 2 only   | ☐ Unliquidated  |   |            |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |  |  |  |  |
| $\square$ At least one of the debtors and another                   | Type of NONPRIORITY unsecured claim:                                |   |            |  |  |  |  |
| ☐ Check if this claim is for a community                            | Student loans   |   |            |  |  |  |  |
| debt Is the claim subject to offset?                                | Obligations arising out of a separeport as priority claims          | aration agreement or divorce that you did not |            |  |  |  |  |
| ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts |   |            |  |  |  |  |
| ☐ Yes   | Other Specify Automobile  |   |            |  |  |  |  |
|   | - Other, Specify  | -   |            |  |  |  |  |

Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Document Page 24 of 61

Debtor 1 Monique R Bazell Case number (if know) 4.1 \$586.00 **HHRG** Last 4 digits of account number 6 Nonpriority Creditor's Name PO Box 459080 When was the debt incurred? Sunrise, FL 33345-9080 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.1 IC Systems, Inc 9001 \$741.00 Last 4 digits of account number Nonpriority Creditor's Name 444 Highway 96 East When was the debt incurred? Po Box 64378 St Paul, MN 55164 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify 10 Comed **II Department of Employment** 4.1 \$4,000.00 Securit Last 4 digits of account number Nonpriority Creditor's Name **Benefits Repayment** When was the debt incurred? PO Box 19286 Springfield, IL 62794 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes

Other. Specify

|        | 0000 10 12000 2001   | Document Dage 2  | E of 61                                      | iani     |
|--------|--|--|--|----------|
| Debtor | 1 Monique R Bazell   | Document Page 2  | 5 of 61<br>Case number (if know)             |          |
| 4.1    | Illinois Depart of Employment Secur                                  | Last 4 digits of account number                              |  | \$0.00   |
|        | Nonpriority Creditor's Name PO Box 19286 Springfield, IL 62794       | When was the debt incurred?                                  |  |          |
|        | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                     |          |
|        | ■ Debtor 1 only  | ☐ Contingent   |  |          |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |  |          |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |          |
|        | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                                 | d claim:                                     |          |
|        | ☐ Check if this claim is for a community                             | ☐ Student loans  |  |          |
|        | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |          |
|        | No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |          |
| Yes    |  | Other. Specify   |  |          |
| 4.2    | Illinois Tollway   | Last 4 digits of account number                              |  | \$0.00   |
|        | Nonpriority Creditor's Name PO Box 5201 Lisle, IL 60532              | When was the debt incurred?                                  |  |          |
|        | Number Street City State Zlp Code                                    | As of the date you file, the claim                           | is: Check all that apply                     |          |
|        | Who incurred the debt? Check one.                                    |  |  |          |
|        | ■ Debtor 1 only  | ☐ Contingent   |  |          |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |  |          |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |          |
|        | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecure                                 | d claim:                                     |          |
|        | ☐ Check if this claim is for a community                             | ☐ Student loans  |  |          |
|        | debt<br>Is the claim subject to offset?                              | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |          |
|        | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |          |
|        | Yes  | Other. Specify Notice Only                                   |  |          |
| 4.2    | Jefferson Capital Systems, LLC                                       | Last 4 digits of account number                              | 9003   | \$263.00 |
|        | Nonpriority Creditor's Name  | W/   | One and 7/04/44                              |          |
|        | 16 McIeland Rd<br>Saint Cloud, MN 56303                              | When was the debt incurred?                                  | Opened 7/01/14                               |          |
|        | Number Street City State Zlp Code                                    | As of the date you file, the claim                           | is: Check all that apply                     |          |
|        | Who incurred the debt? Check one.                                    |  |  |          |
|        | Debtor 1 only  | ☐ Contingent   |  |          |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |  |          |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |          |
|        | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                                 | d claim:                                     |          |
|        | ☐ Check if this claim is for a community                             | ☐ Student loans  |  |          |
|        | debt   | ☐ Obligations arising out of a sepa                          | ration agreement or divorce that you did not |          |

■ No

☐ Yes

report as priority claims

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Factoring Company Account Fingerhut Freshstart

Is the claim subject to offset?

Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Debtor 1 Monique R Bazell Document Page 26 of 61 Case number (if know)

|     | mornique it bazon  |   |            |
|-----|--|---|------------|
| 4.2 | Kmart  | Last 4 digits of account number   | \$433.28   |
|     | Nonpriority Creditor's Name<br>c/o Palmer, Reifler & Assoc<br>1900 Summit Tower Blvd, Ste 600<br>Orlando, FL 32810 | When was the debt incurred?   |            |
|     | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |            |
|     | Who incurred the debt? Check one.  |   |            |
|     | ■ Debtor 1 only  | ☐ Contingent  |            |
|     | Debtor 2 only  | ☐ Unliquidated  |            |
|     | ☐ Debtor 1 and Debtor 2 only   | □ Disputed  |            |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|     | ☐ Check if this claim is for a community   | ☐ Student loans   |            |
|     | debt Is the claim subject to offset?   | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|     | No   | Debts to pension or profit-sharing plans, and other similar debts   |            |
|     | Yes  | Other. Specify  |            |
| 4.2 | Linebarger Goggan Blair &  |   |            |
| 3   | Sampson LLP Nonpriority Creditor's Name  | Last 4 digits of account number   | \$4,500.00 |
|     | 233 S Wacker Dr<br>Suite 4030  | When was the debt incurred?   |            |
|     | Chicago, IL 60606  |   |            |
|     | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |            |
|     | Who incurred the debt? Check one.  |   |            |
|     | Debtor 1 only  | ☐ Contingent  |            |
|     | Debtor 2 only  | ☐ Unliquidated  |            |
|     | ☐ Debtor 1 and Debtor 2 only   | □ Disputed  |            |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|     | ☐ Check if this claim is for a community   | ☐ Student loans   |            |
|     | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                                   |            |
|     | Is the claim subject to offset?  | report as priority claims   |            |
|     | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |            |
|     | Yes  | Other. Specify  |            |
| 4.2 | Medical Business Bureau  | Last 4 digits of account number   | \$1,500.00 |
|     | Nonpriority Creditor's Name  | <del></del>   |            |
|     | 1460 Renaissance Dr  | When was the debt incurred?   |            |
|     | Suite 400<br>Park Ridge, IL 60068-1349   |   |            |
|     | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |            |
|     | Who incurred the debt? Check one.  |   |            |
|     | Debtor 1 only  | ☐ Contingent  |            |
|     | Debtor 2 only  | ☐ Unliquidated  |            |
|     | ☐ Debtor 1 and Debtor 2 only   | □ Disputed  |            |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|     | ☐ Check if this claim is for a community   | ☐ Student loans   |            |
|     | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                                   |            |
|     | Is the claim subject to offset?  | report as priority claims   |            |
|     | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |            |
|     | Yes  | Other. Specify  |            |

Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Document Page 27 of 61
Case number (if know)

| r 1 Monique R Bazell   |  | Case number (if know)                         |         |
|--|--|---|---------|
| Nicor Gas  | Lord A. P. Ward Construction and a second                    |   | \$379.  |
| Nonpriority Creditor's Name                                    | Last 4 digits of account number                              | <del></del>                                   | Ψ513.   |
| PO Box 5407  | When was the debt incurred?                                  |   |         |
| Carol Stream, IL 60197-5407  Number Street City State Zlp Code | As of the date you file, the claim                           | ic. Chack all that apply                      |         |
| Who incurred the debt? Check one.                              | As of the date you me, the claim                             |   |         |
| ■ Debtor 1 only  | ☐ Contingent   |   |         |
| ☐ Debtor 2 only  | ☐ Unliquidated   |   |         |
| Debtor 1 and Debtor 2 only                                     | ☐ Disputed   |   |         |
| ☐ At least one of the debtors and another                      | Type of NONPRIORITY unsecure                                 | d claim:                                      |         |
| ☐ Check if this claim is for a community                       | ☐ Student loans  |   |         |
| debt   | Obligations arising out of a sepa                            | aration agreement or divorce that you did not |         |
| Is the claim subject to offset?                                | report as priority claims                                    |   |         |
| ■ No   | ☐ Debts to pension or profit-sharing                         | ng plans, and other similar debts             |         |
| □Yes   | Other. Specify   |   |         |
| Peoples Gas  | Last 4 digits of account number                              | 8090  | \$0.    |
| Nonpriority Creditor's Name                                    | _  |   |         |
| 200 E Randolph St  | Missississa the debt in summed 10                            | Opened 10/04/10 Last Active                   |         |
| 20th Floor<br>Chicago, IL 60601                                | When was the debt incurred?                                  | 6/15/11                                       |         |
| Number Street City State Zlp Code                              | As of the date you file, the claim                           | is: Check all that apply                      |         |
| Who incurred the debt? Check one.                              |  |   |         |
| ■ Debtor 1 only  | ☐ Contingent   |   |         |
| Debtor 2 only  | ☐ Unliquidated   |   |         |
| ☐ Debtor 1 and Debtor 2 only                                   | ☐ Disputed   |   |         |
| ☐ At least one of the debtors and another                      | Type of NONPRIORITY unsecure                                 | d claim:                                      |         |
| ☐ Check if this claim is for a community                       | ☐ Student loans  |   |         |
| debt   |  | aration agreement or divorce that you did not |         |
| Is the claim subject to offset?                                | report as priority claims  Debts to pension or profit-sharir | a plane and other similar debte               |         |
| ■ No   | ·  | •   |         |
| ☐ Yes  | Other. Specify Agriculture                                   |   |         |
| Peoples Gas  | Last 4 digits of account number                              |   | \$1,319 |
| Nonpriority Creditor's Name                                    | _  |   |         |
| 200 E Randolph   | When was the debt incurred?                                  |   |         |
| Chicago, IL 60601  Number Street City State Zlp Code           | As of the date you file, the claim                           | is: Check all that apply                      |         |
| Who incurred the debt? Check one.                              | ,  | one on an anat appry                          |         |
| ■ Debtor 1 only  | ☐ Contingent   |   |         |
| Debtor 2 only  | ☐ Unliquidated   |   |         |
| Debtor 1 and Debtor 2 only                                     | ☐ Disputed   |   |         |
| ☐ At least one of the debtors and another                      | Type of NONPRIORITY unsecure                                 | d claim:                                      |         |
| ☐ Check if this claim is for a community                       | ☐ Student loans  |   |         |
| debt   | Obligations arising out of a sepa                            | aration agreement or divorce that you did not |         |
| Is the claim subject to offset?                                | report as priority claims                                    | ·   |         |
| ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |         |
| Yes  | Other. Specify   |   |         |

Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Document Page 28 of 61

| Debto | or 1 Monique R Bazell  | Case number (if know)  |            |
|-------|--|--|------------|
| 4.2   | Physician Billing Services  Nonpriority Creditor's Name 1300 Iroquois Ave Ste 205          | Last 4 digits of account number  When was the debt incurred?   | \$500.00   |
|       | Naperville, IL 60563  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |            |
|       | ■ Debtor 1 only  | Contingent   |            |
|       | Debtor 2 only  | ☐ Unliquidated   |            |
|       | ☐ Debtor 1 and Debtor 2 only   | □ Disputed   |            |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |            |
|       | ☐ Check if this claim is for a community   | ☐ Student loans  |            |
|       | debt Is the claim subject to offset?   | $\hfill \Box$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|       | ■ No   | Debts to pension or profit-sharing plans, and other similar debts  |            |
|       | Yes  | Other. Specify   |            |
| 4.2   | Provena Mercy Medical Center   | Last 4 digits of account number  | \$220.22   |
|       | Nonpriority Creditor's Name 1325 N. Highland Ave Aurora, IL 60506-1451                     | When was the debt incurred?  |            |
|       | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply  |            |
|       | Who incurred the debt? Check one.  |  |            |
|       | ■ Debtor 1 only  | ☐ Contingent   |            |
|       | ☐ Debtor 2 only  | ☐ Unliquidated   |            |
|       | ☐ Debtor 1 and Debtor 2 only   | Disputed   |            |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |            |
|       | ☐ Check if this claim is for a community debt  | Student loans  |            |
|       | Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                |            |
|       | ■ No   | Debts to pension or profit-sharing plans, and other similar debts  |            |
|       | Yes  | Other. Specify   |            |
| 4.3   | Rush Copley  | Last 4 digits of account number  | \$2,000.00 |
|       | Nonpriority Creditor's Name  |  | . ,        |
|       | 2000 Ogden Ave   | When was the debt incurred?  |            |
|       | Aurora, IL 60504  Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply  |            |
|       | Who incurred the debt? Check one.  | ,  |            |
|       | Debtor 1 only  | ☐ Contingent   |            |
|       | Debtor 2 only  | ☐ Unliquidated   |            |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |            |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |            |
|       | ☐ Check if this claim is for a community   | Student loans  |            |
|       | debt Is the claim subject to offset?   | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims                 |            |
|       | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |            |
|       | Yes  | Other. Specify   |            |
|       |  | ·  |            |

Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Document Page 29 of 61

| Monique R Bazeii  | Case number (if know)   |   |
|---|---|---|
| Santander Consumer  | Last 4 digits of account number   | \$15,989.43                             |
| Nonpriority Creditor's Name PO Box 166  | When was the debt incurred?   |   |
| Newark, NJ 07101-0166  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |   |
| ■ Debtor 1 only   | ☐ Contingent  |   |
| ☐ Debtor 2 only   | □ Unliquidated  |   |
| ☐ Debtor 1 and Debtor 2 only  | □ Disputed  |   |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |   |
| ☐ Check if this claim is for a community  | ☐ Student loans   |   |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |
| ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |   |
| Yes   | Other. Specify  |   |
| Santander Consumer USA  | Last 4 digits of account number 1000  | \$0.00                                  |
| Nonpriority Creditor's Name   |   | • |
| Po Box 961245<br>Fort Worth, TX 76161   | Opened 6/01/13 Last Active 4/07/15  |   |
| Number Street City State Zlp Code Who incurred the debt? Check one.                         | As of the date you file, the claim is: Check all that apply   |   |
| ■ Debtor 1 only   | ☐ Contingent  |   |
| Debtor 2 only   | ☐ Unliquidated  |   |
| Debtor 1 and Debtor 2 only  | □ Disputed  |   |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |   |
| ☐ Check if this claim is for a community  | ☐ Student loans   |   |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |
| ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |   |
| Yes   | Other. Specify Automobile   |   |
| Title Max   | Last 4 digits of account number   | \$1,021.02                              |
| Nonpriority Creditor's Name   |   | ·                                       |
| Legal Department 15 Bull Street   | When was the debt incurred?   |   |
| Savannah, GA 31401  Number Street City State Zlp Code  Who incurred the debt? Check one.    | As of the date you file, the claim is: Check all that apply   |   |
| Debtor 1 only   | □ Continued   |   |
| Debtor 1 only  Debtor 2 only  | ☐ Contingent  |   |
| Debtor 2 only  Debtor 1 and Debtor 2 only   | ☐ Unliquidated  |   |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                      | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |   |
| ☐ Check if this claim is for a community  | Student loans   |   |
| debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |   |
| Is the claim subject to offset?   | report as priority claims   |   |
| ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |   |
| ☐ Yes   | Other Specify   |   |

Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Document Page 30 of 61

| 1 Monique R Bazell                                    |  | Case number (if know)                         |              |
|---|--|---|--------------|
| Unimus Netll Collections                              |  |   | ¢450         |
| Unique Nat'l Collections  Nonpriority Creditor's Name | Last 4 digits of account number                            |   | \$150        |
| 119 East Maple Street Jeffersonville, IN              | When was the debt incurred?                                |   |              |
| Number Street City State Zlp Code                     | As of the date you file, the claim                         | is: Check all that apply                      |              |
| Who incurred the debt? Check one.                     |  |   |              |
| ■ Debtor 1 only                                       | ☐ Contingent   |   |              |
| ☐ Debtor 2 only                                       | ☐ Unliquidated   |   |              |
| ☐ Debtor 1 and Debtor 2 only                          | ☐ Disputed   |   |              |
| ☐ At least one of the debtors and another             | Type of NONPRIORITY unsecure                               | d claim:                                      |              |
| ☐ Check if this claim is for a community              | ☐ Student loans  |   |              |
| debt Is the claim subject to offset?                  | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |              |
| ■ No  | Debts to pension or profit-sharir                          | ng plans, and other similar debts             |              |
| □Yes  | Other. Specify   |   |              |
| Unique National Collections                           |  | 1468  | \$93         |
| Nonpriority Creditor's Name                           | Last 4 digits of account number                            |   | ψ <b>3</b> 3 |
| 119 E Maple St<br>Jeffersonville, IN 47130            | When was the debt incurred?                                | Opened 3/01/14                                |              |
| Number Street City State Zlp Code                     | As of the date you file, the claim                         | is: Check all that apply                      |              |
| Who incurred the debt? Check one.                     |  |   |              |
| ■ Debtor 1 only                                       | ☐ Contingent   |   |              |
| Debtor 2 only   | ☐ Unliquidated   |   |              |
| ☐ Debtor 1 and Debtor 2 only                          | ☐ Disputed   |   |              |
| ☐ At least one of the debtors and another             | Type of NONPRIORITY unsecure                               | d claim:                                      |              |
| ☐ Check if this claim is for a community              | ☐ Student loans  |   |              |
| debt  |  | aration agreement or divorce that you did not |              |
| Is the claim subject to offset?                       | report as priority claims                                  |   |              |
| ■ No  | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |              |
| ☐ Yes   | Other. Specify Collection District                         | Attorney Oswego Public Library                |              |
| Verizon   | Last 4 digits of account number                            | 0001  | \$846        |
| Nonpriority Creditor's Name                           | _  |   |              |
| 500 Technology Dr<br>Suite 500                        | When was the debt incurred?                                | Opened 12/01/13 Last Active                   |              |
| Weldon Spring, MO 63304                               | when was the debt incurred?                                | 4/30/14                                       |              |
| Number Street City State Zlp Code                     | As of the date you file, the claim                         | is: Check all that apply                      |              |
| Who incurred the debt? Check one.                     |  |   |              |
| Debtor 1 only   | ☐ Contingent   |   |              |
| ☐ Debtor 2 only                                       | ☐ Unliquidated   |   |              |
| ☐ Debtor 1 and Debtor 2 only                          | ☐ Disputed   |   |              |
| ☐ At least one of the debtors and another             | Type of NONPRIORITY unsecure                               | d claim:                                      |              |
| ☐ Check if this claim is for a community              | ☐ Student loans  |   |              |
| debt Is the claim subject to offset?                  | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |              |
| ■ No  | ☐ Debts to pension or profit-sharir                        | ng plans, and other similar debts             |              |
| — 110   |  | VI ,  |              |

☐ Yes

Other. Specify

Page 31 of 61 Case number (if know) Document Debtor 1 Monique R Bazell

| Verizon Wireless  | Last 4 digits of account number   | \$998.4 |
|---|---|---------|
| Nonpriority Creditor's Name PO Box 1100   | When was the debt incurred?   |         |
| Albany, NY 12250-0001  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |         |
| Debtor 1 only   | ☐ Contingent  |         |
| Debtor 2 only   | ☐ Unliquidated  |         |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |         |
| At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |         |
| ☐ Check if this claim is for a community  | ☐ Student loans   |         |
| debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |         |
| ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |         |
| ☐ Yes   | Other. Specify  |         |

### Part 3: List Others to Be Notified About a Debt That You Already Listed

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |   |     | Total Claim      |
|-----------------------|-----|---|-----|------------------|
|                       | 6a. | Domestic support obligations  | 6a. | \$<br>0.00       |
| Total                 |     |   |     |                  |
| claims<br>from Part 1 | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>13,000.00  |
|                       | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00       |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00       |
|                       | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>13,000.00  |
|                       |     |   |     | Total Claim      |
|                       | 6f. | Student loans   | 6f. | \$<br>0.00       |
| Total claims          |     |   |     |                  |
| from Part 2           | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00       |
|                       | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00       |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>104,064.50 |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>104,064.50 |

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

|                     |                          | 17(7(4)111)       |             |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor  | mation to identify your  | case:             |             |  |
| Debtor 1            | Monique R Bazel          | I                 |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            |                          |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (if known)          |                          |                   |             |  |
|                     |                          |                   |             |  |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 Kelly and Dwayne Konieck 651 Prairie Pointe Dr, Ste 105 Yorkville, IL 60560 \$1,100 per month house lease expires July 2016

|                           |                                | Docume  | ent Page 33 o          | ot 61   |   |
|---------------------------|--------------------------------|---|------------------------|---|---|
| Fill in this              | information to identify you    | r case:   |                        |   |   |
| Debtor 1                  | Monique R Baze                 | II  |                        |   |   |
| DCDIOI 1                  | First Name                     | Middle Name   | Last Name              |   |   |
| Debtor 2                  |                                |   |                        |   |   |
| (Spouse if, filin         | ng) First Name                 | Middle Name   | Last Name              |   |   |
| United Sta                | ites Bankruptcy Court for the: | NORTHERN DISTRICT                                       | OF ILLINOIS            |   |   |
|                           |                                |   |                        |   |   |
| Case num<br>(if known)    | ber                            |   |                        |   | Charlet the in an   |
| (II KIIOWII)              |                                |   |                        |   | Check if this is an amended filing  |
|                           |                                |   |                        |   | amended ming  |
| Officia                   | l Form 106H                    |   |                        |   |   |
|                           | lule H: Your Cod               | lobtors   |                        |   | 42/45   |
| Scried                    | iule n. Toul Cou               | ienioi 2  |                        |   | 12/15   |
| Arizon  No.               |                                | a, Nevada, New Mexico, Pu                               | erto Rico, Texas, Wash |   | ty states and territories include<br>)  |
| in line<br>Form<br>out Co | e 2 again as a codebtor only   | if that person is a guaran<br>al Form 106E/F), or Sched | tor or cosigner. Make  | sure you have listed t<br>06G). Use Schedule D, | ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill editor to whom you owe the debt es that apply: |
|                           |                                |   |                        |   |   |
| 3.1                       | N                              |   |                        | Schedule D, lir                                 | ne  |
|                           | Name                           |   |                        | ☐ Schedule E/F,                                 |   |
|                           |                                |   |                        | ☐ Schedule G, lir                               | ne  |
| =                         | Number Street                  |   |                        | _   |   |
|                           | City                           | State   | ZIP Code               |   |   |
|                           |                                |   |                        |   |   |
| 3.2                       |                                |   |                        | Schedule D, lir                                 | ne  |
|                           | Name                           |   |                        | ☐ Schedule E/F,                                 |   |
|                           |                                |   |                        | ☐ Schedule G, lir                               | ne  |
| -                         | Number Street                  |   |                        |   |   |
|                           | City                           | State   | ZIP Code               |   |   |

## Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Document Page 34 of 61

|                    | in this information to identify your obtor 1  Monique R   |  |                   |                    |         |       |             |                |                |                       |  |
|--------------------|---|--|-------------------|--------------------|---------|-------|-------------|----------------|----------------|-----------------------|--|
|                    | btor 2  |  |                   |                    |         | _     |             |                |                |                       |  |
|                    | ited States Bankruptcy Court for the  | e: NORTHERN DISTRIC                                    | CT OF ILLING      | OIS                |         |       |             |                |                |                       |  |
|                    | se number<br>nown)  |  | -                 |                    |         |       | □ An        |                |                |                       |  |
|                    | fficial Form 106I   |  |                   |                    |         |       | M           | M / DD/ Y      | YYY            |                       |  |
| S                  | chedule I: Your Inc   | ome  |                   |                    |         |       |             |                |                |                       | 12/15  |
| spo<br>atta<br>Par | plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  The describe Employment | ur spouse is not filing wi<br>On the top of any additi | ith you, do r     | not include i      | nforr   | natio | on about    | your spo       | ouse. If mor   | re space is           | needed,                                      |
| 1.                 | Fill in your employment information.  |  | Debtor 1          |                    |         |       |             | Debtor 2       | or non-fili    | ng spouse             | •  |
|                    | If you have more than one job, attach a separate page with  | Employment status                                      | ■ Employ          | yed                |         |       |             | ☐ Emplo        | •              |                       |  |
|                    | information about additional employers.   |  | ☐ Not employed    |                    |         |       |             | ☐ Not employed |                |                       |  |
|                    | Include part-time, seasonal, or   | Occupation   | Custome           | Customer Service   |         |       |             |                |                |                       |  |
|                    | self-employed work.   | Employer's name  | Exelon 0          | Corp - Payı        | oll S   | erv   | ices        |                |                |                       |  |
|                    | Occupation may include student or homemaker, if it applies.   | Employer's address                                     | PO Box<br>Chicago | 4647<br>, IL 60680 |         |       |             |                |                |                       |  |
|                    |   | How long employed to                                   | here?             | 3 1/2 years        | S       |       |             | _              |                |                       |  |
| Pai                | rt 2: Give Details About Mo   | nthly Income   |                   |                    |         |       |             |                |                |                       |  |
|                    | mate monthly income as of the cuse unless you are separated.  | late you file this form. If                            | you have not      | thing to repo      | rt for  | any l | line, write | \$0 in the     | space. Incli   | ude your no           | on-filing                                    |
|                    | ou or your non-filing spouse have me<br>e space, attach a separate sheet to   |  | ombine the ir     | nformation fo      | r all e | mplo  | oyers for t | hat perso      | on on the line | es below. If          | f you need                                   |
|                    |   |  |                   |                    |         |       | For Debi    | tor 1          | For Debt       | tor 2 or<br>ng spouse |  |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,  |  |                   |                    | 2.      | \$    | 6,5         | 568.00         | \$             | N/A                   | <u>.                                    </u> |
| 3.                 | Estimate and list monthly over  | time pay.  |                   |                    | 3.      | +\$   |             | 0.00           | +\$            | N/A                   | <u>.                                    </u> |

6,568.00

N/A

Calculate gross Income. Add line 2 + line 3.

# Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Document Page 35 of 61

| Debto | r 1                | Monique R Bazell  | -          | Cas  | e number ( <i>if known</i> ) |          |                          |             |          |
|-------|--------------------|---|------------|------|------------------------------|----------|--------------------------|-------------|----------|
|       |                    |   |            | Fo   | or Debtor 1                  |          | or Debtor<br>on-filing s |             |          |
|       | Cop                | by line 4 here  | 4.         | \$   | 6,568.00                     | \$       |                          | N/A         |          |
| 5.    | List               | t all payroll deductions:   |            |      |                              |          |                          |             |          |
|       | 5a.                | Tax, Medicare, and Social Security deductions   | 5a.        | . \$ | 1,172.67                     | \$       |                          | N/A         |          |
|       | 5b.                | Mandatory contributions for retirement plans  | 5b.        |      | 0.00                         | \$       |                          | N/A         |          |
|       | 5c.                | Voluntary contributions for retirement plans  | 5c.        |      | 0.00                         | \$       |                          | N/A         |          |
|       | 5d.                | Required repayments of retirement fund loans  | 5d.        |      | 0.00                         | \$       |                          | N/A         |          |
|       | 5e.                | Insurance   | 5e.        |      | 425.00                       | \$       |                          | N/A         |          |
|       | 5f.                | Domestic support obligations  | 5f.        | \$   | 0.00                         | \$       |                          | N/A         |          |
|       | 5g.                | Union dues  | 5g.        | \$   | 83.00                        | \$       |                          | N/A         |          |
|       | 5h.                | Other deductions. Specify: Life Insurance   | 5h.        | _    | 8.00                         | + \$     |                          | N/A         |          |
|       |                    | Disability Insurance  | _          | \$   | 78.67                        | \$       |                          | N/A         |          |
| 6.    | Add                | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | _<br>6.    | \$   | 1,767.34                     | \$       |                          | N/A         |          |
| 7.    | Cal                | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.         | \$   | 4,800.66                     | \$       |                          | N/A         |          |
|       | List<br>8a.        | profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total   |            |      |                              |          |                          |             |          |
|       |                    | monthly net income.   | 8a.        |      | 0.00                         | \$       |                          | N/A         |          |
|       | 8b.                | Interest and dividends  | 8b.        | \$   | 0.00                         | \$       |                          | N/A         |          |
|       | 8c.<br>8d.         | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation  | 8c.<br>8d. |      | 0.00                         | \$<br>\$ |                          | N/A<br>N/A  |          |
|       | 8e.                | Social Security   | 8e.        | \$   | 0.00                         | \$       |                          | N/A         |          |
|       | 8f.                | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:    | 8f.        | \$   | 0.00                         | \$       |                          | N/A         |          |
|       | 8g.                | Pension or retirement income  | 8g.        | \$   | 0.00                         | \$       |                          | N/A         |          |
|       |                    | Annual Bonus \$3,896 less taxes   |            |      |                              |          |                          |             |          |
|       | 8h.                | Other monthly income. Specify: 1418   | _ 8h.      | + \$ | 207.00                       | + \$     |                          | N/A         |          |
| 9.    | Add                | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.         | \$_  | 207.00                       | \$       |                          | N/A         |          |
|       |                    | culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.        | \$   | 5,007.66 + \$                |          | N/A                      | = \$        | 5,007.66 |
|       | Incliothe<br>Other | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify: | depe       |      | •                            |          | n <i>Schedule</i>        | e J.<br>+\$ | 0.00     |
|       |                    | d the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certain lies  |            |      |                              |          |                          | \$Combin    | 5,007.66 |
|       | Do ;<br>■          | you expect an increase or decrease within the year after you file this form?  No.  Yes Explain:   | ?          |      |                              |          |                          |             | income   |

Official Form 106I Schedule I: Your Income page 2

## Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Document Page 36 of 61

| FIIIII              | n this information to identify your case:  |  |                |                   |                               |  |  |
|---------------------|--|--|----------------|-------------------|-------------------------------|--|--|
| Debt                | Monique R Bazell   | Check if this is:                        |                |                   |                               |  |  |
| Debt                | tor 2  |  |                | An amended filing | ving postpetition chapter     |  |  |
|                     | ouse, if filing)   |  |                | 13 expenses as of |                               |  |  |
|                     | NOTE THE RESERVE OF THE PROPERTY OF THE PROPER |  |                |                   |                               |  |  |
| Unite               | ed States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLIN   |  | MM / DD / YYYY |                   |                               |  |  |
| Case                | e number   |  |                |                   |                               |  |  |
| (If kn              | nown)  |  |                |                   |                               |  |  |
| Of                  | ficial Form 106J   |  |                |                   |                               |  |  |
| Sc                  | chedule J: Your Expenses   |  |                |                   | 12/15                         |  |  |
| Be a<br>info<br>num | as complete and accurate as possible. If two married people a prmation. If more space is needed, attach another sheet to this nber (if known). Answer every question.  |  |                |                   |                               |  |  |
| Part                |  |  |                |                   |                               |  |  |
| 1.                  | Is this a joint case?  |  |                |                   |                               |  |  |
|                     | No. Go to line 2.  |  |                |                   |                               |  |  |
|                     | Yes. Does Debtor 2 live in a separate household?   |  |                |                   |                               |  |  |
|                     | ☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expense</i>   | on for Conorate House                    | hold of Dob    | otor O            |                               |  |  |
|                     | Tes. Debioi 2 must file Official Form 1065-2, Expense  | es for Separate House                    | rioia di Det   | OLOT 2.           |                               |  |  |
| 2.                  | Do you have dependents? ☐ No   |  |                |                   |                               |  |  |
|                     | Do not list Debtor 1 and Debtor 2.    Yes. Fill out this information for each dependent  | Dependent's relati<br>Debtor 1 or Debtor |                | Dependent's age   | Does dependent live with you? |  |  |
|                     | Do not state the   |  |                |                   | □ No                          |  |  |
|                     | dependents names.  | Daughter                                 |                | 12                | ■ Yes                         |  |  |
|                     |  |  |                |                   | □ No                          |  |  |
|                     |  | Daughter                                 |                | 19                | Yes                           |  |  |
|                     |  |  |                |                   | □ No                          |  |  |
|                     |  |  |                |                   | Yes                           |  |  |
|                     |  |  |                |                   | □ No                          |  |  |
| 2                   | De veux expenses include —   |  |                |                   | ☐ Yes                         |  |  |
| 3.                  | Do your expenses include expenses of people other than yourself and your dependents?   |  |                |                   |                               |  |  |
| expe<br>appl        | imate your expenses as of your bankruptcy filing date unless<br>enses as of a date after the bankruptcy is filed. If this is a sup<br>licable date.  | pplemental Schedule                      |                |                   |                               |  |  |
| the                 | ude expenses paid for with non-cash government assistance value of such assistance and have included it on <i>Schedule I:</i> icial Form 106I.)  |  |                | Your expe         | enses                         |  |  |
| 4.                  | The rental or home ownership expenses for your residence. payments and any rent for the ground or lot.   | 4. 5                                     | \$             | 1,100.00          |                               |  |  |
|                     | If not included in line 4:   |  |                |                   |                               |  |  |
|                     | 4a. Real estate taxes  |  | 4a. \$         | \$                | 0.00                          |  |  |
|                     | 4b. Property, homeowner's, or renter's insurance   |  | 4b. 3          | \$                | 0.00                          |  |  |
|                     | 4c. Home maintenance, repair, and upkeep expenses  |  | 4c. \$         | ·                 | 30.00                         |  |  |
| _                   | 4d. Homeowner's association or condominium dues  |  | 4d. \$         | ·                 | 0.00                          |  |  |
| 2                   | Additional mortgage payments for your residence, such as he  | ancol vitura amo                         | 5 9            | \$                | 0.00                          |  |  |

# Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Document Page 37 of 61

| Debto | or 1    | Monique R Bazell   | Case num     | ber (if know | n)                               |
|-------|---------|--|--------------|--------------|----------------------------------|
| 6. I  | Utiliti | es:  |              |              |                                  |
|       | 6a.     | Electricity, heat, natural gas   | 6a.          | \$           | 380.00                           |
| (     | 6b.     | Water, sewer, garbage collection   | 6b.          |              | 100.00                           |
| (     | 6c.     | Telephone, cell phone, Internet, satellite, and cable services   | 6c.          |              | 405.00                           |
|       | 6d.     | Other. Specify:  | 6d.          | ·            | 0.00                             |
|       |         | and housekeeping supplies  | 7.           | ·            | 953.66                           |
|       |         | care and children's education costs  | 8.           | · —          | 35.00                            |
|       |         | ing, laundry, and dry cleaning   | 9.           |              | 80.00                            |
|       |         | onal care products and services  | 10.          |              | 134.00                           |
|       |         | cal and dental expenses  | 11.          |              | 250.00                           |
|       |         | sportation. Include gas, maintenance, bus or train fare.   |              | Ψ            | 230.00                           |
|       |         | of the state of th | 12.          | \$           | 240.00                           |
|       |         | tainment, clubs, recreation, newspapers, magazines, and books  | 13.          | \$           | 40.00                            |
|       |         | table contributions and religious donations  | 14.          | \$           | 50.00                            |
|       |         | ance.  |              | · —          |                                  |
|       |         | of include insurance deducted from your pay or included in lines 4 or 20.  |              |              |                                  |
|       | 15a.    | Life insurance   | 15a.         | \$           | 0.00                             |
|       | 15b.    | Health insurance   | 15b.         | \$           | 0.00                             |
|       | 15c.    | Vehicle insurance  | 15c.         | \$           | 0.00                             |
|       | 15d.    | Other insurance. Specify:  | 15d.         | \$           | 0.00                             |
|       |         | s. Do not include taxes deducted from your pay or included in lines 4 or 20.   |              | · —          |                                  |
|       | Speci   |  | 16.          | \$           | 0.00                             |
| ı     | Insta   | Ilment or lease payments:  |              |              |                                  |
|       |         | Car payments for Vehicle 1   | 17a.         | \$           | 0.00                             |
|       | 17b.    | Car payments for Vehicle 2   | 17b.         | \$           | 0.00                             |
|       |         | Other. Specify:  | 17c.         | \$           | 0.00                             |
|       |         | Other. Specify:  | 17d.         | \$           | 0.00                             |
|       |         | payments of alimony, maintenance, and support that you did not report as   |              | · —          |                                  |
|       |         | cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  |              | \$           | 0.00                             |
|       |         | payments you make to support others who do not live with you.  |              | \$           | 0.00                             |
| ;     | Speci   | fy:  | 19.          |              |                                  |
|       |         | real property expenses not included in lines 4 or 5 of this form or on School  |              |              | е.                               |
| :     | 20a.    | Mortgages on other property  | 20a.         | \$           | 0.00                             |
| 2     | 20b.    | Real estate taxes  | 20b.         | \$           | 0.00                             |
| :     | 20c.    | Property, homeowner's, or renter's insurance   | 20c.         | \$           | 0.00                             |
| :     | 20d.    | Maintenance, repair, and upkeep expenses   | 20d.         | \$           | 0.00                             |
| :     | 20e.    | Homeowner's association or condominium dues  | 20e.         | \$           | 0.00                             |
| (     | Othe    | r: Specify: Tuition for college daughter   | 21.          | +\$          | 200.00                           |
|       | Tolls   |  |              | +\$          | 120.00                           |
| _     |         | supplies   |              | +\$          | 60.00                            |
| _     |         | repair and maintenance   |              | +\$          | 40.00                            |
| Ξ     |         | •  |              |              |                                  |
|       |         | ılate your monthly expenses  |              |              |                                  |
|       |         | Add lines 4 through 21.  |              | \$           | 4,217.66                         |
| :     | 22b. (  | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |              | \$           |                                  |
| :     | 22c. /  | Add line 22a and 22b. The result is your monthly expenses.   |              | \$           | 4,217.66                         |
|       | ٠.      | determine monthly not become   |              |              | ,                                |
|       |         | ulate your monthly net income.   |              | •            | <b>-</b>                         |
|       |         | Copy line 12 (your combined monthly income) from Schedule I.   | 23a.         | ·            | 5,007.66                         |
| -     | 23b.    | Copy your monthly expenses from line 22c above.  | 23b.         | -\$          | 4,217.66                         |
|       | 00 -    | Culturat varia manthibi ann an an far ann an an 182  |              |              |                                  |
| -     | 23c.    | Subtract your monthly expenses from your monthly income.   | 23c.         | \$           | 790.00                           |
|       |         | The result is your monthly net income.   | 200.         | <u> </u>     |                                  |
| . 1   | Do ν    | ou expect an increase or decrease in your expenses within the year after your  | ou file this | s form?      |                                  |
|       |         | ample, do you expect to finish paying for your car loan within the year or do you expect you   |              |              | ncrease or decrease because of a |
|       |         | cation to the terms of your mortgage?  | 3-3-         |              |                                  |
|       | ■ No    | ).   |              |              |                                  |
|       | □ Ye    |  |              |              |                                  |
|       |         | ——————————————————————————————————————   |              |              |                                  |

### Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Document Page 38 of 61

| Fill in this inform             | nation to identify your                          | 00001                     |                             |                       |   |
|---------------------------------|--|---------------------------|-----------------------------|-----------------------|---|
|                                 |  |                           |                             |                       |   |
| Debtor 1                        | Monique R Bazel                                  | Middle Name               | Last Name                   |                       |   |
| Debtor 2<br>(Spouse if, filing) | First Name                                       | Middle Name               | Last Name                   |                       |   |
| United States Ba                | inkruptcy Court for the:                         | NORTHERN DISTRICT         | OF ILLINOIS                 |                       |   |
| Case number(if known)           |  |                           |                             |                       | ☐ Check if this is an amended filing                                  |
| Official Form                   | <del></del>                                      | ın Individual             | Debtor's Sch                | nedules               | 12/15   |
| If two married pe               | eople are filing togethe                         | r, both are equally respo | nsible for supplying corre  | ect information.      |   |
| obtaining money                 |  | n connection with a bank  |                             |                       | ent, concealing property, or<br>or imprisonment for up to 20          |
| Sign                            | n Below  |                           |                             |                       |   |
| Did you pa                      | y or agree to pay some                           | one who is NOT an attor   | ney to help you fill out ba | nkruptcy forms?       |   |
| ■ No                            |  |                           |                             |                       |   |
| ☐ Yes. N                        | Name of person                                   |                           |                             |                       | ptcy Petition Preparer's Notice,<br>and Signature (Official Form 119) |
|                                 | Ity of perjury, I declare<br>e true and correct. | that I have read the sum  | mary and schedules filed    | with this declaration | and   |
|                                 | nique R Bazell                                   |                           | X                           |                       |   |
| Moniqu                          | ue R Bazell                                      |                           | Signature of D              | ebtor 2               |   |

Date

Signature of Debtor 1

Date April 15, 2016

# Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Document Page 39 of 61

| Fill in this info  |  |  |  |            |                                    |       |
|--|--|--|--|------------|------------------------------------|-------|
| Debtor 1   | Monique R Baze   | Middle Name  | Last Name  |            |                                    |       |
| Debtor 2   | riistivame   | Wilder Name  | Last Ivallie   |            |                                    |       |
| (Spouse if, filing)  | First Name   | Middle Name  | Last Name  |            |                                    |       |
| United States I  | Bankruptcy Court for the:  | NORTHERN DISTRICT OF ILI   | LINOIS   |            |                                    |       |
| Case number<br>(if known)  |  |  |  |            | Check if this is an amended filing |       |
| Statemer Be as complet   | e and accurate as possil   | ble. If two married people are fil   | Is Filing for Bankruptcy ing together, both are equally respons orm. On the top of any additional page | ible for s |                                    | 4/    |
|  | wn). Answer every ques   | tion.<br>rital Status and Where You Live   | d Poforo   |            |                                    |       |
|  | our current marital statu  |  | a Before   |            |                                    |       |
| <ol> <li>What is yo</li> </ol>                                   | olir ciirrent maritai statii   |  |  |            |                                    |       |
| •  | our ourrent maritar statu  | <b>5</b> :   |  |            |                                    |       |
| ☐ Marri  | ed   | •:   |  |            |                                    |       |
| ■ Not m  | ed<br>narried  |  | e vou live now?  |            |                                    |       |
| Not m  | ed<br>narried  | lived anywhere other than wher   | e you live now?  |            |                                    |       |
| Not m  | ed<br>narried<br>e last 3 years, have you  |  | •  |            |                                    |       |
| ■ Not m  2. During the  □ No ■ Yes.                              | ed<br>narried<br>e last 3 years, have you  | lived anywhere other than wher   | •  |            | Dates Debtor<br>lived there        | 2     |
| ■ Not m  2. During the  □ No ■ Yes.  Debtor 1                    | ed narried e last 3 years, have you l List all of the places you li Prior Address: | lived anywhere other than wher ved in the last 3 years. Do not include Dates Debtor 1    | ude where you live now.  |            |                                    |       |
| ■ Not m  2. During the  □ No ■ Yes.  Debtor 1  3002 Co Plano, II | ed narried e last 3 years, have you l List all of the places you li Prior Address: | ved in the last 3 years. Do not inc.  Dates Debtor 1 lived there  From-To: Oct 2014-July | ude where you live now.  Debtor 2 Prior Address:   |            | lived there ☐ Same as Deb          | tor 1 |

Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main

Page 40 of 61 Document Case number (if known) Debtor 1 Monique R Bazell Part 2 **Explain the Sources of Your Income** Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) From January 1 of current year until \$18,000.00 ☐ Wages, commissions, ■ Wages, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For last calendar year: \$69,416.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$49,467.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2014) bonuses, tips bonuses, tips Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** (before deductions Describe below. each source Describe below. (before deductions and and exclusions) exclusions)

#### Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

□ No. Go to line 7.

□ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

ase number (if known) Debtor 1 Monique R Bazell Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address Dates of payment Total amount** Amount you Was this payment for ... still owe paid Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. П Nο Yes. Fill in the details. Nature of the case Status of the case Case title Court or agency Case number City of Chicago vs Bazell Collection parking □ Pending tickets ☐ On appeal □ Concluded

Case 16-12935

Doc 1

Filed 04/15/16

Document

Entered 04/15/16 15:23:21

Page 41 of 61

Desc Main

Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main

Page 42 of 61
Case number (if known) Document Debtor 1 Monique R Bazell

| 10. | Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. |  |   |                       |  |
|-----|--|--|---|-----------------------|--|
|     | □ No. Go to line 11.   |  |   |                       |  |
|     | Yes. Fill in the information below.  |  |   |                       |  |
|     | Creditor Name and Address  | Describe the Property  | Date  | Value of the property |  |
|     |  | Explain what happened  |   | p p                   |  |
|     | Heritaage  | 2007 Ford 500  | July 2015                                   | \$0.00                |  |
|     |  | Property was repossessed.  |   |                       |  |
|     |  | Property was foreclosed.   |   |                       |  |
|     |  | ☐ Property was garnished.  |   |                       |  |
|     |  | ☐ Property was attached, seized or levied.   |   |                       |  |
|     | Santander Consumer USA<br>PO Box 961245  | 2002 Toyota Highlander   | May 2015                                    | \$0.00                |  |
|     | Fort Worth, TX 76161   | ■ Property was repossessed.  |   |                       |  |
|     |  | ☐ Property was foreclosed.   |   |                       |  |
|     |  | ☐ Property was garnished.  |   |                       |  |
|     |  | ☐ Property was attached, seized or levied.   |   |                       |  |
| 12. | Yes. Fill in the details.  Creditor Name and Address  Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  | Describe the action the creditor took  cy, was any of your property in the possession of a | Date action was taken assignee for the bene | Amount                |  |
|     | No   | modici official:   |   |                       |  |
|     | ☐ Yes  |  |   |                       |  |
| Pa  | rt 5: List Certain Gifts and Contributions   |  |   |                       |  |
| Га  | List Certain Girts and Contributions   |  |   |                       |  |
| 13. | Within 2 years before you filed for bankrup  ■ No  □ Yes. Fill in the details for each gift.   | otcy, did you give any gifts with a total value of mor                                     | e than \$600 per person?                    | •                     |  |
|     | Gifts with a total value of more than \$600  | Describe the gifts   | Dates you gave                              | Value                 |  |
|     | per person   | ŭ  | the gifts                                   |                       |  |
|     | Person to Whom You Gave the Gift and Address:  |  |   |                       |  |
| 14. | ■ No   | otcy, did you give any gifts or contributions with a t                                     | otal value of more than                     | \$600 to any charity? |  |
|     | Yes. Fill in the details for each gift or con  |  |   |                       |  |
|     | Gifts or contributions to charities that tot more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)   | al Describe what you contributed   | Dates you contributed                       | Value                 |  |
|     | , ,,   |  |   |                       |  |

Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main

Page 43 of 61
Case number (if known) Document Debtor 1 Monique R Bazell

| Pa  | rt 6: List Certain Losses   |                 |  |              |  |                           |  |
|-----|---|-----------------|--|--------------|--|---------------------------|--|
| 15. | Within 1 year before you filed for bankrup or gambling?   | otcy or         | since you filed for bankruptcy, did you                                | ı lose anyt  | hing because of the                            | it, fire, other disaster, |  |
|     | ■ No  |                 |  |              |  |                           |  |
|     | Yes. Fill in the details.   |                 |  |              |  |                           |  |
|     | Describe the property you lost and  | Descri          | ibe any insurance coverage for the loss                                | ;            | Date of your                                   | Value of property         |  |
|     | how the loss occurred   |                 | e the amount that insurance has paid. List                             |              | loss   | lost                      |  |
|     |   |                 | nce claims on line 33 of <i>Schedule A/B: Pro</i>                      |              |  |                           |  |
| Pa  | rt 7: List Certain Payments or Transfers  |                 |  |              |  |                           |  |
| 16. | Within 1 year before you filed for bankrup<br>consulted about seeking bankruptcy or p<br>Include any attorneys, bankruptcy petition pr  | repari          | ng a bankruptcy petition?  |              |  | rty to anyone you         |  |
|     | □ No  |                 |  |              |  |                           |  |
|     | Yes. Fill in the details.   |                 |  |              |  |                           |  |
|     | Person Who Was Paid   |                 | Description and value of any property                                  | v            | Date payment                                   | Amount of                 |  |
|     | Address   |                 | transferred  | •            | or transfer was                                | payment                   |  |
|     | Email or website address Person Who Made the Payment, if Not Yo   | ou              |  |              | made   |                           |  |
|     | Cutler & Associates, Ltd<br>4131 Main Street<br>Skokie, IL 60076<br>david@cutlerltd.com   |                 | Attorney Fees  |              |  | \$310.00                  |  |
|     |   |                 |  |              |  |                           |  |
| 17. | Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that   | itors o         | r to make payments to your creditors?                                  |              | r transfer any prope                           | rty to anyone who         |  |
|     | ■ No  |                 |  |              |  |                           |  |
|     | Yes. Fill in the details.   |                 |  |              |  |                           |  |
|     | Person Who Was Paid<br>Address  |                 | Description and value of any property transferred                      | у            | Date payment or transfer was made              | Amount of payment         |  |
| 18. | Within 2 years before you filed for bankru transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alreed No | r busin<br>made | ness or financial affairs? as security (such as the granting of a secu |              |  |                           |  |
|     | ☐ Yes. Fill in the details.   |                 |  |              |  |                           |  |
|     | Person Who Received Transfer<br>Address   |                 | property transferred   |              | any property or<br>received or debts<br>change | Date transfer was made    |  |
|     | Person's relationship to you  |                 |  |              |  |                           |  |
| 19. | Within 10 years before you filed for bankr beneficiary? (These are often called asset-  |                 |  | -settled tru | ust or similar device                          | of which you are a        |  |
|     | ☐ Yes. Fill in the details.   |                 |  |              |  |                           |  |
|     | Name of trust   |                 | Description and value of the property                                  | y transferr  | ed   | Date Transfer was         |  |

Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main

Page 44 of 61 Case number (if known) Document Debtor 1 Monique R Bazell

| Pai | t 8: List of Certain Financial Accounts, I   | nstruments, Safe Depo  | sit Boxes, and S                            | torage Uni  | ts   |   |  |  |  |
|-----|--|--|---|-------------|--|---|--|--|--|
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  □ No |  |   |             |  |   |  |  |  |
|     | Yes. Fill in the details.  |  |   |             |  |   |  |  |  |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)   | Last 4 digits of account number                                    | Type of acco                                | ount or     | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |  |  |  |
|     | Chase Bank   | xxxx-  | ☐ Checking ☐ Savings ☐ Money Ma ☐ Brokerage |             | Closed by bank                                       | \$0.00  |  |  |  |
| 21. | Do you now have, or did you have within 1 cash, or other valuables?  No Yes. Fill in the details.  | l year before you filed f  | or bankruptcy, a                            | iny safe de | posit box or other depos                             | sitory for securities,                        |  |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had a<br>Address (Number<br>State and ZIP Code)           |   | Describe    | the contents   | Do you still have it?                         |  |  |  |
| 22. | Have you stored property in a storage unit   | or place other than yo   | ur home within 1                            | 1 year befo | re you filed for bankrupt                            | cy?   |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |   |             |  |   |  |  |  |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has o<br>to it?<br>Address (Number<br>State and ZIP Code) |   | Describe    | the contents   | Do you still have it?                         |  |  |  |
| Pai | t 9: Identify Property You Hold or Control   | ol for Someone Else  |   |             |  |   |  |  |  |
| 23. |  |  | clude any prope                             | rty you bor | rowed from, are storing                              | for, or hold in trust                         |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the pr<br>(Number, Street, City<br>Code)                  |   | Describe    | the property   | Value   |  |  |  |

#### Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Page 45 of 61
Case number (if known) Document

Debtor 1 Monique R Bazell

| 24. | Has any governmental unit notified you that you   | may be liable or potentially liable  | under or in violation of an environme                  | ental law?         |
|-----|---|--|--|--------------------|
|     | ■ No □ Yes. Fill in the details.  |  |  |                    |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)                          | Governmental unit Address (Number, Street, City, State and ZIP Code)       | Environmental law, if you know it                      | Date of notice     |
| 25. | Have you notified any governmental unit of any i  | release of hazardous material?   |  |                    |
|     | ■ No<br>□ Yes. Fill in the details.   |  |  |                    |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)                          | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                      | Date of notice     |
| 26. | Have you been a party in any judicial or adminis  | trative proceeding under any envir   | onmental law? Include settlements a                    | and orders.        |
|     | ■ No<br>□ Yes. Fill in the details.   |  |  |                    |
|     | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case                                     | Status of the case |
| Par | 11: Give Details About Your Business or Conr  | nections to Any Business   |  |                    |
| 27. | Within 4 years before you filed for bankruptcy, d   | id you own a business or have any  | y of the following connections to any                  | / business?        |
|     | ☐ A sole proprietor or self-employed in a tr  | rade, profession, or other activity,                                       | either full-time or part-time                          |                    |
|     | ☐ A member of a limited liability company   | (LLC) or limited liability partnershi                                      | p (LLP)  |                    |
|     | ☐ A partner in a partnership  |  |  |                    |
|     | ☐ An officer, director, or managing executi   | ve of a corporation  |  |                    |
|     | ☐ An owner of at least 5% of the voting or  | equity securities of a corporation   |  |                    |
|     | ■ No. None of the above applies. Go to Part 1   | 2.   |  |                    |
|     | ☐ Yes. Check all that apply above and fill in th  | e details below for each business.   |  |                    |
|     |   | scribe the nature of the business  | Employer Identification number                         |                    |
|     | Address<br>(Number, Street, City, State and ZIP Code)                                       | ne of accountant or bookkeeper   | Do not include Social Security  Dates business existed | number or IIIN.    |
| 28. | Within 2 years before you filed for bankruptcy, dinstitutions, creditors, or other parties. | id you give a financial statement to                                       | o anyone about your business? Inclu                    | ude all financial  |
|     | ■ No<br>□ Yes. Fill in the details below.   |  |  |                    |
|     | Name Dat Address (Number, Street, City, State and ZIP Code)                                 | e Issued   |  |                    |
|     |   |  |  |                    |

Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Case 16-12935 Page 46 of 61
Case number (if known) Document

Debtor 1 Monique R Bazell

| Part 12: Sign Below                     |  |
|---|--|
| are true and correct. I understand that | ment of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers t making a false statement, concealing property, or obtaining money or property by fraud in connection ines up to \$250,000, or imprisonment for up to 20 years, or both. |
| /s/ Monique R Bazell                    |  |
| Monique R Bazell                        | Signature of Debtor 2  |
| Signature of Debtor 1                   |  |
| Date April 15, 2016                     | Date   |
| Did you attach additional pages to Yo   | ur Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?   |
| No                                      |  |
| □ Yes                                   |  |
| Did you pay or agree to pay someone     | who is not an attorney to help you fill out bankruptcy forms?  |
| ■ NI-                                   |  |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

### (Court-Approved Retention Agreement, Revised as of 4/20/2015)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

### A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other

attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.

- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section

726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received, \$0.00

toward the flat fee, leaving a balance due of \$4,000.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:April 15, 2016                       |                                       |
|---|---------------------------------------|
| Signed:                                   |                                       |
| /s/ Monique R Bazell                      | /s/ David Cutler                      |
| Monique R Bazell                          | David Cutler                          |
|   | Attorney for the Debtor(s)            |
| Debtor(s)                                 |                                       |
| Do not sign this agreement if the amounts | are blank.  Local Bankruptcy Form 23c |

Case 16-12935 Doc 1 Filed 04/15/16 Entered 04/15/16 15:23:21 Desc Main Document Page 56 of 61

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court Northern District of Illinois**

| In re  | Monique R Bazell  |   | Case No.   |                                    |  |  |  |
|--------|---|---|--|------------------------------------|--|--|--|
|        |   | Debtor(s)   | Chapter  | 13                                 |  |  |  |
|        | DISCLOSURE OF COMPE   | ENSATION OF ATTO  | RNEY FOR DI  | EBTOR(S)                           |  |  |  |
| C      | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 compensation paid to me within one year before the filiple rendered on behalf of the debtor(s) in contemplation  | ing of the petition in bankruptcy   | , or agreed to be paid   | to me, for services rendered or to |  |  |  |
|        | For legal services, I have agreed to accept   |   | \$   | 4,000.00                           |  |  |  |
|        | Prior to the filing of this statement I have received   |   |  | 0.00                               |  |  |  |
|        | Balance Due   |   | \$   | 4,000.00                           |  |  |  |
| 2.     | The source of the compensation paid to me was:  |   |  |                                    |  |  |  |
|        | ■ Debtor □ Other (specify):   |   |  |                                    |  |  |  |
| 3. 7   | The source of compensation to be paid to me is:   |   |  |                                    |  |  |  |
|        | ■ Debtor □ Other (specify):   |   |  |                                    |  |  |  |
| 4.     | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  |   |  |                                    |  |  |  |
|        | ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.  |   |  |                                    |  |  |  |
| 5. I   | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:   |   |  |                                    |  |  |  |
| t<br>c | a. Analysis of the debtor's financial situation, and rend<br>b. Preparation and filing of any petition, schedules, sta<br>c. Representation of the debtor at the meeting of credit<br>d. [Other provisions as needed]  Negotiations with secured creditors to<br>reaffirmation agreements and applications<br>522(f)(2)(A) for avoidance of liens on ho | ntement of affairs and plan which<br>tors and confirmation hearing, a<br>reduce to market value; ex<br>ons as needed; preparation | h may be required;<br>and any adjourned hea<br>emption planning; | rings thereof;                     |  |  |  |
| 6. I   | By agreement with the debtor(s), the above-disclosed for  | ee does not include the followin  | g service:   |                                    |  |  |  |
|        |   | CERTIFICATION   |  |                                    |  |  |  |
|        | certify that the foregoing is a complete statement of an ankruptcy proceeding.  | ny agreement or arrangement fo  | or payment to me for r   | epresentation of the debtor(s) in  |  |  |  |
| Α      | pril 15, 2016   | /s/ David Cutler  |  |                                    |  |  |  |
| Date   |   | David Cutler  |  |                                    |  |  |  |
|        |   | Signature of Attorn Cutler & Associa  |  |                                    |  |  |  |
|        |   | 4131 Main St  | ico, Liu.  |                                    |  |  |  |
|        |   | Skokie, IL 60076  |  |                                    |  |  |  |
|        |   | 847-673-8600 F  | av· 847-673-8636   |                                    |  |  |  |

stuartIswanson@gmail.com

Name of law firm

### **United States Bankruptcy Court** Northern District of Illinois

| In re | Monique R Bazell  |   | Case No. |    |  |
|-------|---|---|----------|----|--|
|       |   | Debtor(s)   | Chapter  | 13 |  |
|       | VERIFICATION OF CREDITOR MATRIX   |   |          |    |  |
|       |   | Number of Creditors:  |          |    |  |
|       | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. |   |          |    |  |
| Date: | April 15, 2016  | /s/ Monique R Bazell  Monique R Bazell  Signature of Debtor |          |    |  |

Aaron's 1218 N. Lake St Aurora, IL 60506

Alpha Management c/o Andrew Smith 1100 E US Route 34, Ste 1 Plano, IL 60545

Alpha Management 625 N. Elmwood Dr Suite B Aurora, IL 60506

Amy Weseloh 35W061 Chilem Drive Batavia, IL 60510

Arnold Scott Harris 600 W Jackson Blvd Chicago, IL 60661

Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622

ATG Credit, LLC Corporate Office 1700 W Cortland St. Ste 201 Chicago, IL 60622

Cci 501 Greene Street Augusta, GA 30901

City of Chicago Department of Revenue PO Box 88292 Chicago, IL 60680

Comcast PO Box 3002 Southeastern, PA 19398 Diversified Consultant Dci Po Box 551268 Jacksonville, FL 32255

ERC/Enhanced Recovery Corp 8014 Bayberry Rd Jacksonville, FL 32256

Fingerhut 6250 Ridgewood Rd Saint Cloud, MN 56303

Fingerhut PO Box 166 Newark, NJ 07101-0166

Hertg Accpt 120 W Lexington Elkhart, IN 46516

HHRG PO Box 459080 Sunrise, FL 33345-9080

IC Systems, Inc 444 Highway 96 East Po Box 64378 St Paul, MN 55164

Il Department of Employment Securit Benefits Repayment PO Box 19286 Springfield, IL 62794

Illinois Depart of Employment Secur PO Box 19286 Springfield, IL 62794

Illinois Tollway PO Box 5201 Lisle, IL 60532 Internal Revenue Service - 1/11 PO Box 7346 Philadelphia, PA 19101-7346

Jefferson Capital Systems, LLC 16 Mcleland Rd Saint Cloud, MN 56303

Kmart c/o Palmer, Reifler & Assoc 1900 Summit Tower Blvd, Ste 600 Orlando, FL 32810

Linebarger Goggan Blair & Sampson LLP 233 S Wacker Dr Suite 4030 Chicago, IL 60606

Medical Business Bureau 1460 Renaissance Dr Suite 400 Park Ridge, IL 60068-1349

Nicor Gas PO Box 5407 Carol Stream, IL 60197-5407

Peoples Gas 200 E Randolph St 20th Floor Chicago, IL 60601

Peoples Gas 200 E Randolph Chicago, IL 60601

Physician Billing Services 1300 Iroquois Ave Ste 205 Naperville, IL 60563

Provena Mercy Medical Center 1325 N. Highland Ave Aurora, IL 60506-1451

Rush Copley 2000 Ogden Ave Aurora, IL 60504

Santander Consumer PO Box 166 Newark, NJ 07101-0166

Santander Consumer USA Po Box 961245 Fort Worth, TX 76161

Title Max Legal Department 15 Bull Street Savannah, GA 31401

Unique Nat'l Collections 119 East Maple Street Jeffersonville, IN

Unique National Collections 119 E Maple St Jeffersonville, IN 47130

Verizon 500 Technology Dr Suite 500 Weldon Spring, MO 63304

Verizon Wireless PO Box 1100 Albany, NY 12250-0001